THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2360

STATE FILE NUMBER

FILED JAN 15 1957

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Polk	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Marion — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Bolivar 0840 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rest Home — Length of stay in 1b 2 Mo.	d. STREET ADDRESS (If outside, give location) Rural-Marion — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William	Middle F.	Last Walden	4. DATE OF DEATH Month Day Year Jan. 2, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April 20, 1878
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME F.W.Walden		14. MOTHER'S MAIDEN NAME Elizabeth Barmes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Wilburn Walden Address Bolivar, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) acute heart failure — INTERVAL BETWEEN ONSET AND DEATH 7 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) hypertensive myocarditis — 1 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-15-56 to Jan 4 57 and last saw her/him alive on Jan 2 57

Death occurred at 1:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D C McCann MD

22b. ADDRESS Bolivar Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) Bolivar, Mo.
24. FUNERAL DIRECTOR ADDRESS Pitts Funeral Home — Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 7, 1957	26. REGISTRAR'S SIGNATURE Ralph Garden per Jewell Garden

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

800 4 -56

Doctor, coroner, etc. must use only standard nomenclature in item 10 for no symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

258 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Sidney J. Pitts

Licensed Embalmer No. 49

P. O. Address Bolivi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.