

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5134

229

Registration District No. 42 Primary Registration District No. Registrar's No.

| | | | | | |
|---|---|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Armour & Co Packing Plant. | | Length of stay in lb Life | d. STREET ADDRESS 6029 Meade St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JACK Middle ALDEN Last WAHLGREN | | | 4. DATE OF DEATH Month March Day 2 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 1, 1918 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Temperature Control | | 10b. KIND OF BUSINESS OR INDUSTRY Meat Packing | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME William Wahlgren | | | 14. MOTHER'S MAIDEN NAME Ora Malott Malotte | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 500-09-6021 | 17. INFORMANT Address Mrs. Ruth Wahlgren 6029 Meade St. City | | |
| 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 Coronary Occlusion DUE TO (b) Coronary arteriosclerosis DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown unknown |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 1952 , to 1956 , and last saw ^{her} him alive on 6-6-55 Death occurred at 1:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Sharon E. Waggoner M.D. | | (Degree or title) | 22b. ADDRESS 301 Illinois ave, City | | 22c. DATE SIGNED Mar. 2, 1957 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE March 5, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. | 23d. LOCATION (City, town, or county) St. Joseph, Mo. | | (State) |
| 24. FUNERAL DIRECTOR Clark Funeral Home, St. Joseph, Mo. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. Mar. 6, 1957 | 26. REGISTRAR'S SIGNATURE Eather M. Allison | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION CONT. by a physician on March 20, 1957

MEMBER

MEMBER

MEMBER

X

ST. JOSEPH

X

Washington Township

ST. JOSEPH

WASHINGTON TOWNSHIP

MARCH 5, 1957

WALTER

ADDA

1957

ST. JOSEPH

WASHINGTON TOWNSHIP

U.S.A.

ST. JOSEPH

WASHINGTON TOWNSHIP

ST. JOSEPH

WASHINGTON TOWNSHIP

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 Paul Clark....., Student Embalmer No. 53

working under my personal supervision..

Student Paul Clark
Signature of Student Embalmer

Signed Earl Clark.....

Licensed Embalmer No. 42

P. O. Address St. Joseph

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.