

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026175  
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <i>Linn</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Brookfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>201 S. Penn</i>			Length of stay in 1b <i>5 years</i>		d. STREET ADDRESS (If outside, give location) <i>201 S. Penn</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Theodore Johnson Walden</i>				4. DATE OF DEATH Month <i>July</i> Day <i>9</i> Year <i>1958</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>January 30, 1871</i>		
9. AGE (In years last birthday) <i>87</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Farm Implement</i>		11. BIRTHPLACE (City and state or country) <i>Howard County, Mo.</i>		
13. FATHER'S NAME <i>William Walden</i>				14. MOTHER'S MAIDEN NAME <i>Cliza</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs. Lula Walden, Brookfield, Mo.</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>							INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>probable Coronary atherosclerosis</i>		DUE TO (c) <i>4201</i>		years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Restal Bleeding (hemorrhage?)</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)		
20c. TIME OF INJURY Hour <i>Hour</i> Month, Day, Year								
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 <i>Brookfield Linn Mo</i>		COUNTY STATE		
21. I attended the deceased from <i>7-7-58</i> to <i>7-9-58</i> and last saw her <sup>her</sup> alive on <i>7-9-58</i> Death occurred at <i>1230 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>B D Howell M.D.</i>				22b. ADDRESS <i>Brookfield Mo</i>		22c. DATE SIGNED <i>7-11-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>July 12, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Michael Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Brookfield, Missouri</i>		
24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>7-12-58</i>		26. REGISTRAR'S SIGNATURE <i>Katharine Johnson Dep.</i>		

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gerald F. Wad*.....

Licensed Embalmer No. *41*

P. O. Address *Brown*

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.