

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013053
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <i>Sturdy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Sturdy</i>	
b. CITY OR TOWN <i>Stenton</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Stenton</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>312 E 7th St.</i>	Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>312 E 7th St.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Ida</i> Middle <i>Walden</i> Last <i>Walden</i>			4. DATE OF DEATH Month <i>April</i> Day <i>26</i> Year <i>1959</i>		
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5. SEX <i>Female</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>Oct 20, 1888</i>	9. AGE (In years <i>70</i>) IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS. Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Household</i>	11. BIRTHPLACE (City and state or country) <i>Waynes Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Samuel Miller</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Cole</i>	14. NAME OF HUSBAND OR WIFE <i>Bill Walden</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. of days of service) <i>no none</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Bill Walden</i> Address <i>Stenton, Mo.</i>
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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>Acute Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased <i>April 26 at 5:13 AM</i> and last saw her alive on <i>April 26 at 4:20 PM</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Oliver F. Duffy MD.</i> (Degree or title)	22b. ADDRESS <i>Stenton, Mo.</i>	22c. DATE SIGNED <i>4/28/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Bury</i>	23b. DATE <i>April 29, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Stenton Missouri</i>
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24. FUNERAL DIRECTOR <i>J. Gordon Blackburn</i> ADDRESS <i>Stenton</i>	25. DATE RECD. BY LOCAL REG. <i>4-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Gene Jair</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 5 1959

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 Claude H. Chanda

Licensed Embalmer No. 4986

P. O. Address Hunter, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.