

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37594**FILED NOV 24 1952
BIRTH NO. **74400** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4024** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) Cassville Community Hosp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassville Community Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Patricia	b. (Middle) Kay	c. (Last) Walden	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 11, 1952	9. AGE (In years last birthday) 3	# UNDER 1 YEAR 3	# UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. S. Walden	13b. MOTHER'S MAIDEN NAME Mary Lou Grace	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. S. Walden, Seligman, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelelectasia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Prematurity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 11**, 19**52**, to **Nov. 14**, 19**52**, that I last saw the deceased alive on **Nov. 14**, 19**52**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary Newman, M.D.	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 11-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-15-52	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	24d. LOCATION (City, town, or county) (State) Seligman, Mo.
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DATE REC'D BY LOCAL REG. 11-20-52	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Koon, Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Cassville, Mo.

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