S. No. 300
M—10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 8 1948

Registration District No. 278

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9742

Primary Registration District No. 3054

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1115 Iowa Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike 82

(c) City or town: Louisiana (If outside city or town limits, write "RURAL") 2

(d) Street No.: 1115 Iowa Street (If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: LOIS JANET WAUGH

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James A. Waugh

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: June (Month) 6 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 25 If less than one day: ____ hr. ____ min.

9. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

FATHER 12. Name: Marquis L. Todd

FATHER 13. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Sarah Jones

MOTHER 15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Edward Turner

(b) Address: Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/?/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Cem.

18. (a) Signature of funeral director: Garner & Sterre

(b) Address: Louisiana, Missouri

19. (a) 4-1-48 (Date received local registrar) (b) Bernice Collins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, 1948 year ____ hour 6 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Jan. 14, 1948, to March 31, 1948; that I last saw her alive on March 31, 1948, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 wk.
Due to: Chr. Arterio sclerosis.	5 yrs.
Due to: Other Conditions - Senile Dementia. Partial Colonic obstruction	
Other conditions (Include pregnancy within 3 months of death): Fecal Impaction in Sigmoid Colon.	

Major findings:
Of operations: ____
Of autopsy: 97

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury: ____

23. Signature: Robert L. Andrae M.D. (M.D. or other)

Address: Louisiana, Mo. Date signed: 4/1/48

(Licensed Embalmer's Statement on Reverse Side)

MAY 1948

RECEIVED
District Health Officer No. 10
District File Number 4.48.654
Date Filed APR -7 1948

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 Virginia M. Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.