

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4208**

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek</u> d. STREET ADDRESS (If rural, give location) <u>Star Route</u>			
b. CITY OR TOWN <u>Macks Creek</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ira Waters Home</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza Ann</u> b. (Middle) <u>Waters</u> c. (Last) <u>Waters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 27-1865</u>	9. AGE (In years: last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>North</u>		13b. MOTHER'S MAIDEN NAME <u>Yaden</u>		14. NAME OF HUSBAND OR WIFE <u>Engene Clark Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ira Waters, Macks Creek, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu - Pneumonia</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>no</u>					
		DUE TO (c) <u>no</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>P. O. Operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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			
22. I hereby certify that I attended the deceased from <u>Feb 23, 1949</u> , to <u>Feb 26, 1949</u> , that I last saw the deceased alive on <u>Feb 23, 1949</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Sign in this space) <u>E. C. Libbong</u>				23b. ADDRESS <u>Camden Mo.</u>		23c. DATE SIGNED <u>March 5, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosch</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 5-1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>420</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banknow Woolery, Camden Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4815  
3

RECEIVED

District Health Officer No. 7,

District File Number 2-49-201

Date Filed 3-9-49

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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.

Signed \_\_\_\_\_

*Abbie Woolery*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Camden, Md.

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.