

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5767

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4416 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte & 3	
b. CITY (If outside corporate limits, write RURAL and give township) Platte City <u>Carroll</u> c. LENGTH OF STAY (in this place) 67 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Platte City	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) Duncan c. (Last) Waller		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1881
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Platte Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joe Duncan	
13b. MOTHER'S MAIDEN NAME Laura McMillan		14. NAME OF HUSBAND OR WIFE George Waller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Duncan L. Waller		ADDRESS Platte	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senitricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 12 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Hypertroicosis	
DUE TO (b)		15 years	
DUE TO (c)		15	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) Platte City, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 10, 1949 to Feb 4, 1949 , that I last saw the deceased alive on Feb 4, 1949 , and that death occurred at 1 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Graham Parke M.D.		23b. ADDRESS Platte City, Mo	23c. DATE SIGNED 2/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	24d. LOCATION (City, town, or county) (State) Platte City, Mo.
DATE REC'D BY LOCAL REG. 2-7-49	REGISTRAR'S SIGNATURE Opelia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE Rollins & Mitchell, Platte City, Mo.	

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-18-49.....

67818244

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.....

ROLAND M. GIFFEE

Student Embalmer No. 260

working under my personal supervision.

Student Roland M. Giffee
Student Embalmer

Signed J. N. Brill
Licensed Embalmer No. 832

P. O. Address Weston 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.