

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23946

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> 57	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> (1)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>302 N. Jefferson</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Waters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1949</u>	
5. SEX <u>7</u> / <u>1</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 7</u>	8. DATE OF BIRTH <u>March 9, 1858</u>
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Glasgow Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oliver Hurt</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane German</u>		14. NAME OF HUSBAND OF WIFE <u>James Thomas Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl Young Lebanon, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hemiplegia, right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ 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>no</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>June 10, 1945</u> , to <u>July 20, 1949</u> , that I last saw the deceased alive on <u>July 20, 1949</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James L. Hope, M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>7/22/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 22 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 23 1949</u>	
REGISTRAR'S SIGNATURE <u>Uella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon, Mo.</u>	

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

Received JUL 30 1949
Laclede County Health Unit
File No. 7-49-98
Date Filed AUG 1 1949

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.