

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. **27087**  
Registrar's No. **3573**

BIRTH NO. **50345-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 1 DAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WHEELING, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHILDREN MERCY HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>STEVEN</b> b. (Middle) <b>D.</b> c. (Last) <b>WAITE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-18-49</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <b>BADY</b>	8. DATE OF BIRTH <b>8-16-49</b>
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) <b>Chillicothe MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>EUGENE D. WAITE</b>	13b. MOTHER'S MAIDEN NAME <b>HELEN OWEN</b>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Waite, Wheeling, Mo.</b> ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Post Traumatic Stress</b> DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Post Traumatic Stress</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)	23b. ADDRESS <b>1034 Rialto Blvd</b>	23c. DATE SIGNED <b>8-18-49</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>8-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHEELING CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>WHEELING, MO.</b>
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DATE REC'D BY LOCAL REG. <b>8-18-49</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. NORMAN</b> ADDRESS <b>Chillicothe, Mo.</b>
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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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**