

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38245

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 406			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY PETTIS				a. STATE MISSOURI		b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (In this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		88			
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE # 4				d. STREET ADDRESS (If rural, give location) ROUTE # 4					
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) H		c. (Last) WALDECKER			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
Nov. 23, 1949									
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 13, 1865			
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
83		Farming		Bay, Missouri		U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Bay, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Waldecker			13b. MOTHER'S MAIDEN NAME Katherine Peters			14. NAME OF HUSBAND OR WIFE Mrs. Bertha Waldecker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. J. R. Wheeler, R.#4, Sedalia, Mo.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia.				Senility and Chronic Myocarditis.				1 day.	
ANTECEDENT CAUSES				DUE TO (b)				3 years.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Arterio-Sclerosis. Advanced.				?	
DUE TO (c)				None other.				4221	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None. Medical treatment only.						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 3yrs., 19____, to Nov 22nd, 1949, that I last saw the deceased alive on Nov. 23rd, 1949, and that death occurred at 12.01 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Jno. B. Carlisle, M.D.				23b. ADDRESS Sedalia, Missouri.				23c. DATE SIGNED 11-23-49.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Highpoint		24d. LOCATION (City, town, or county) (State) Hughesville, Missouri			
DATE REC'D BY LOCAL REG. 11/25/49		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE O. W. Beckhart		ADDRESS Sedalia, Mo.			

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

RECEIVED NOV 28  
District Health Officer No. 8,  
[unclear] [unclear]  
[unclear] 11-28-15

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 Frank S. Coffman

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.