

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3833

State File No.

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>WARSAW</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EDWARDS R R I</u>	
c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WAITERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 25, 1867</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>ALFRED C. WAITERS</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Blair</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Rains</u> ADDRESS <u>Stover, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>69160</u> <u>16</u> <u>5 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Burn</u>		
	DUE TO (c) <u>Senility</u>		
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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 17 1950</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burning trash in garden</u>

22. I hereby certify that I attended the deceased from Feb 19, 1950, to Feb 23, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quiscaldo</u> (Degree or title)	23b. ADDRESS <u>Warsaw, Mo.</u>	23c. DATE SIGNED <u>2/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>
24d. LOCATION (City, town, or county) <u>Stover, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Feb 24, 1950</u>	REGISTRAR'S SIGNATURE <u>Joe A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u> ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0080
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RECEIVED
District Health Officer No. 7,
District File Number 1-50-126
Date Filed 2-27-52

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.