

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21151

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sadalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sadalia</u> <u>0804</u>	
c. LENGTH OF STAY (in this place) <u>36 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>806 W. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 W. Broadway</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Waddell</u> c. (Last) <u>Waddell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 - 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 25-1879</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>	
11. IF UNDER 24 HRS. Hours <u>0</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Treasurer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mfg co.</u>	
11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>John Waddell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Saugrain</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-07-6185</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Waddell</u> ADDRESS <u>Sadalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by firearms</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		59 76X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SEDALIA PETTIS MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 9 1950 5 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SUICIDE WITH FIREARMS</u>	

22. I hereby certify that I ^{viewed} attended the deceased from as Coroner, 1950, that I last saw the deceased alive on, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas Gordon Hauptfuch M.D.</u>		23b. ADDRESS <u>Cornery Pettis Corerity</u>		23c. DATE SIGNED <u>6-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
24d. LOCATION (City, town, or county) <u>Sadalia</u>		24e. (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-9-1950</u>		REGISTRAR'S SIGNATURE <u>A. J. Waddell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u> ADDRESS <u>Sadalia</u>	

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

Embalmer's Statement on Reverse Side

RECEIVED JUN 19
District Health Officer No. 8,
District File Number _____
Date Filed 7/6/50

VS OCT 15 1959

DEC 15 1959

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 KPM Larr

Licensed Embalmer No. 3153

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.