

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24218

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3912 Registrar's No. 28

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Virginia</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Virginia</u> 0780                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rt. 2 Steele, Missouri</u>                               |  | d. STREET ADDRESS (If rural, give location): <u>0</u><br><u>Rt. 2 Steele, Missouri</u>   |  |

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>A.</u> c. (Last) <u>WALLER</u> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6 - 23 - 1950</u> |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>October 15, 1870</u>                   |  | 9. AGE (In years last birthday) <u>79</u><br>If UNDER 1 YEAR: Months <u>8</u> Days <u>8</u><br>If UNDER 24 HRS. Hours <u>8</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>                         |   | 11. BIRTHPLACE (State or foreign country)<br><u>Lake County, Tennessee</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>   |                                  |  |   |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Manson Waller</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Vertia Waller</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Vertia Waller - Rt. 2 Steele, Mo.</u> |  |

|   |  |   |  |   |                                  |
|---|--|---|--|---|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary heart disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4501</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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) m. |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9 P. m., from the causes and on the date stated above.

|  |  |                                    |  |   |  |
|--|--|------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><u>H. R. Chapman, M.D.</u>                   |  | 23b. ADDRESS<br><u>Steele, Mo.</u> |  | 23c. DATE SIGNED<br><u>7-2-50</u>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                       |  | 24b. DATE<br><u>June 25, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Maple Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Caruthersville, Missouri</u> |  |                                    |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>7-7-50</u> |  | REGISTRAR'S SIGNATURE<br><u>S. R. O. ...</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>H. S. Smith Funeral Home 808 Ward Ave, Caruthersville, Mo</u> |  |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

8-50-206

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri,

JUL 28 1960

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. JUL 28 1960

Signed \_\_\_\_\_

*Denver Fike*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.