

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29392

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallinger</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> c. LENGTH OF STAY (In this place) <u>58 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Palma, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> d. STREET ADDRESS (If rural, give location) <u>near Palma</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>WATERS</u>				4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>5</u> (Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 20 1891</u>	
9. AGE (In years last birthday) <u>58</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>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Tommy Lester</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Buehler</u> ADDRESS <u>Palma, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Long time heart failure</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 1950, to <u>5 Sept.</u> , 1950, that I last saw the deceased alive on <u>1 Sept.</u> , 1950, and that death occurred at <u>12 Noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Merrill, D.O.</u> (Degree or title)				23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>9-9-50</u>	
24a. (BY) BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berkman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Dixie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie VanAntwerp</u>		25. MINERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS <u>Advance Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1850
JAN 20 1917
JAN 20 1917
JAN 20 1917

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Advocate, Ill.

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.