

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5475

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Newton County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bentonville	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 509 N.W. "D" St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Sterling	b. (Middle) "Q"	c. (Last) Waddill	4. DATE OF DEATH (Month) (Day) (Year) FEB 11 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1915	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Total Disabled	10b. KIND OF BUSINESS OR INDUSTRY Discharge U.S. Army	11. BIRTHPLACE (State or foreign country) Plainview, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SETH WADILL	13b. MOTHER'S MAIDEN NAME Margaret Markham	14. NAME OF HUSBAND OR WIFE Frances Waddill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) World War 2	16. SOCIAL SECURITY NO. 458-05-9450	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Brain Injury		24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car wreck		None
DUE TO (c) Multiple fractures			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEAR GOODMAN McDonald Co Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 10 1951 9 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Wreck
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22. I hereby certify that I attended the deceased from Feb. 10, 1951, to Feb. 11, 1951, that I last saw the deceased alive on Feb. 11, 1951, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Taylor M.D. (Degree or title)	23b. ADDRESS Neosho, Missouri	23c. DATE SIGNED Feb. 13, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY Bentonville Cemetery	24d. LOCATION (City, town, or county) (State) Bentonville, Arkansas
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DATE REC'D BY LOCAL REG. Feb. 13, 1951	REGISTRAR'S SIGNATURE Melvin P. Bonmar	25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Burns ADDRESS Burns Funeral Home Bentonville, Arkansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5732

8030
8

21
RECEIVED

District Health Officer No. Newtown Co.

District File Number 251-53

Date Filed 2/21/51

MAR 2 1951

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, embalmer

working under my personal supervision.

Student Embalmer No.

Signed William J. Burns

Signed.....
Student Embalmer

Licensed Embalmer No. 550

P. O. Address. Rogers Park

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.