

5. No. 300  
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over

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11454

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>719 EAST LIBERTY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 E. LIBERTY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>WATERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 1951</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>Dec 17-1874</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Mins. _____	
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>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>					

13a. FATHER'S NAME <u>George Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Puloff</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Frank Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Waters</u> ADDRESS <u>Mexico</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		
	DUE TO (c) _____		
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"/>	
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) <u>592 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 July 1949, to April 27, 1951, that I last saw the deceased alive on April 27, 1951, and that death occurred at 6:50 am., from the causes and on the date stated above.

23a. SIGNATURE <u>John G. Cowan D.O.</u>		23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>4-27-1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>EMERALD</u>		24b. DATE <u>4-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain County Mo</u>	
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DATE REC'D BY LOCAL REG. <u>April 28-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Smith</u> ADDRESS <u>Mexico</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

Date Received: APR 30 1951

DISTRICT HEALTH OFFICE #2

District File Number 6-51-82

Date Filed: MAY 1 1951

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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. ....

Signed \_\_\_\_\_

*Charles V. Sheering*

Signed.....

Student Embalmer

Licensed Embalmer No. 4626

P. O. Address \_\_\_\_\_

*Mexico 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.