

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157799

State File No. \_\_\_\_\_

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where person lived, if institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ASH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ASH HILL</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. South of FISK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi. South of FISK</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICKEY</u> b. (Middle) <u>DALE</u> c. (Last) <u>WATERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>3-22-1944</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FISK MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>BEN F. WATERS</u>	13b. MOTHER'S MAIDEN NAME <u>LILY BRITINGHAM</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS LILY WATERS FISK MO.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronch.</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) <u>Respiratory embolism</u>		
	DUE TO (c) <u>Hydrocephalus cerebri</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>not known.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>344x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE (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 <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 13 May, 1951 to 21 May, 1951, that I last saw the deceased alive on 13 May, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Amil A. Rot M.D.</u>	23b. ADDRESS <u>Poplar &amp; Bluff, Mo.</u>	23c. DATE SIGNED <u>22 May 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASH HILL</u>
		24d. LOCATION (City, town, or county) (State) <u>BUTLER MO.</u>

DATE REC'D BY LOCAL REG. <u>May 22 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>+28</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. White</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

120  
1

RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-233

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Not embalmed .....

Licensed Embalmer No. ....

P. O. Address .....

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.