

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22299**
Registrar's No. **187**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. # 2 Fulton, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Lorenzo		b. (Middle) Leland		c. (Last) Waters		4. DATE OF DEATH (Month) (Day) (Year) July 16 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 6. 1872	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 11 Days 10		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Reform, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lorenzo Waters		13b. MOTHER'S MAIDEN NAME Femeretta Ferguson		14. NAME OF HUSBAND OR WIFE Emma Pasley Waters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 500-16-3981		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Sitton Fulton, Mo.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) moderate				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 days several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				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) 4201			
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 16, 1951 to July 16, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. R. Kirk				23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 17 July 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo.	
DATE REC'D BY LOCAL REG. July-17-1951		REGISTRAR'S SIGNATURE Marilla Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Wallace General Home, Fulton Mo		ADDRESS _____	

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

51
1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 26 1951

RECEIVED

JUN 22 1961

JUN 4 1961

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 Russell C. Maag

Signed.....
Student Embalmer

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.