

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300
V. 10.48

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 2

570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) Knox City		c. CITY (If outside corporate limits, write RURAL and give township) Knox City	
c. LENGTH OF STAY (in this place)		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Noah b. (Middle) Edward c. (Last) Waller	4. DATE OF DEATH (Month) (Day) (Year) January 4, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 18, 1880	9. AGE (In years, last birthday) 71	IF UNDER 1 YEAR (Month) 0	IF UNDER 4 HRS. (Hour) (Min.) 06
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) La borer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Moberly, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Waller	13b. MOTHER'S MAIDEN NAME Elavisa Bradley	14. NAME OF HUSBAND OR WIFE Ruby Waller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 000000	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ruby Waller, Knox City, Missouri 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Mitral Regurgitation) DUE TO (c) Chronic Nephritis		
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 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 15, 1951, to Jan 4, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Ed Phillips D.C. 7 (Degree or title)	23b. ADDRESS Knox City, Mo	23c. DATE SIGNED 1-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 1/6/52	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	24d. LOCATION (City, town, or county) (State) La Belle, Missouri
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DATE REC'D BY LOCAL REG. Jan-7-52	REGISTRAR'S SIGNATURE Nellie S. Hunst 151	25. FUNERAL DIRECTOR'S SIGNATURE J. J. ... ADDRESS ... Mo.
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RECEIVED

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4328

P. O. Address [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.