

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34540**

OCT 31 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **262**

0264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 65yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Sp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City <i>0264</i>	
		d. STREET ADDRESS (If rural, give location) Parkview St.	

3. NAME OF DECEASED (Type or Print) Alonzo Melvin Waters			4. DATE OF DEATH Oct. 27, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 28, 1876		9. AGE (In years) 75 Months 10 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo-Power&Light Co. Boone Co. Missouri		11. BIRTHPLACE (City and State or Foreign Country) USA	

13a. FATHER'S NAME John Waters	13b. MOTHER'S MAIDEN NAME Nell Rader	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Joe Cooper ADDRESS Jefferson City, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No compensated heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Found dead in bed - last seen alive about 7:30 PM Oct 26th		
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 4343	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Oct 27, 1952** to **As coroner**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **Mo.** m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Bruce MD (Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED Oct 30 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 30, 1952	24c. NAME OF CEMETERY OR CREMATOR Mt Pleasant Cemetery
	24d. LOCATION (City, town, or county) Boone Co. Missouri	(State)

DATE REC'D BY LOCAL REG. Oct 30 1952	REGISTRAR'S SIGNATURE R. P. Dorris MD-MR	25. GENERAL DIRECTOR'S SIGNATURE Victor Buescher ADDRESS Jefferson City
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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

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City

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.