

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2105

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewistown, Mo</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob Henry</u> b. (Middle) <u>Waible</u> c. (Last) <u>Henry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19, 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 13, 1880</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WK. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Waible</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Hag</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Mae Tungate Waible</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henna D. Waible</u> ADDRESS <u>Novelty, Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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>481x</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 <u>Jan 16, 1953</u> to <u>Jan 18, 1953</u> , that I last saw the deceased alive on <u>Jan 19, 1953</u> , and that death occurred at <u>4457th</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Cope</u> (Degree or title)		23b. ADDRESS <u>La Belle 700</u>	23c. DATE SIGNED <u>Jan 19 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby Co. MO</u>
DATE REC'D BY LOCAL REG. <u>1-21-53</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Rimer</u> ADDRESS <u>Edina, MO</u>	

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

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4

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address. Edina 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.