

BIRTH NO. 6900 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Ronald William Waddle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-1953</u>	
a. (First) <u>Ronald</u> b. (Middle) <u>William</u> c. (Last) <u>Waddle</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>2-20-53</u>	
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Junior Waddle</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Jean Berrickman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Norma Waddle</u>	ADDRESS <u>Downing, 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, 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) <u>Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meckel's Failure</u> DUE TO (c) <u>Prematurity</u>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>774X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Feb 20, 1953 to Feb 22, 1953 that I last saw the deceased alive on Feb 21, 1953 and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold A. Mangall, D.O.</u>	23b. ADDRESS <u>Kirkville Mo</u>	23c. DATE SIGNED <u>Feb 22, 1953</u>
---	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>	24d. LOCATION (City, town, or county) (State) <u>Downing Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-24-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>More Funeral Home</u>	ADDRESS <u>Downing, Mo.</u>
---	---	---	-----------------------------

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

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.....

*not to be embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harry Lee Moore* .....

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.