

STANDARD CERTIFICATE OF DEATH

State File No. **8638**FILED **APR 7 1959** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION 116 East Jefferson		d. STREET ADDRESS (If rural, give location) 116 E. Jefferson	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Everett c. (Last) WALLER		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1888
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR (Days) 10	11. UNDER 1 MRS. (Hours) (Min.) -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Hotel	
11. BIRTHPLACE (State or foreign country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. H. Waller		13b. MOTHER'S MAIDEN NAME Margaret Moore	
14. NAME OF HUSBAND OR WIFE Georgia Waller		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 Mrs. Georgia Waller-Kirksville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 6 hours		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3-25-1953 , to 3-25-1953 , that I last saw the deceased alive on 3-25-1953 , and that death occurred at 7:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. V. H. to be DO		23b. ADDRESS Kirksville Mo	
23c. DATE SIGNED 3-26-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-27-59		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Randolph Davis	
DATE REC'D BY LOCAL REG. 3-26-53		REGISTRAR'S SIGNATURE Hate Lambert	
ADDRESS Kirksville, Mo.		(Licensed Embalmer's Statement on Reverse Side)	

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

APR 28 1957

APR 6 1953

APR 23 1957

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 *W. J. Shelton*

Licensed Embalmer No. 4700

P. O. Address Kirksville, 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.