

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10955

State File No. ....

FILED APR 14 1953

BIRTH NO. ....		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>4415</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville Calamet</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		0829			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>			b. (Middle) <u>Ellen</u>		c. (Last) <u>Waine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July, 13, 1870</u>		9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>8</u>	11. YEARS <u>1</u>	12. HOURS <u>1</u>	13. MINUTES <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Adams County Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Richard Salthouse</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Waine</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 ADDRESS <u>Victor Pannell Clarksville, 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>Arteriosclerotic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u>								
	DUE TO (c) <u>rheumatoid arthritis upper respiratory infection</u>								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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)					
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 <u>2-7-</u> , 1953, to <u>2-9-</u> , 1953, that I last saw the deceased alive on <u>2-9-</u> , 1953, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Hooker, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clarksville, Mo</u>		23c. DATE SIGNED <u>2-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-10-53</u>	REGISTRAR'S SIGNATURE <u>Suda Richard</u> <u>256</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Brown Clarksville</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*L. A. Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2648*

P. O. Address *Clarksville 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.