

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13526

State File No. ....

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 114

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>		1001	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>S. E. Mo. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>111 W. Porter</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Arthur</u>	
c. (Last) <u>Waldron</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 12 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 26, 1892</u>
9. AGE (In years) last birthday <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor (Retired)</u>	11. BIRTHPLACE (State or foreign country) <u>Obion Co Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William S. Waldron</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie May Wilson</u>		13c. NAME OF HUSBAND OR WIFE <u>Lucille Hutton Waldron</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>702-09-7481</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. F. Wiedman</u> ADDRESS <u>Chaffee, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary atherosclerosis</u> <u>10 yr</u> DUE TO (c) <u>Genil arteriosclerosis</u> <u>10 yr</u> 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 <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)	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</u> , 19 <u>51</u> , to <u>Apr 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 12</u> , 19 <u>53</u> , and that death occurred at <u>2:12 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold Ridings</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>4-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>4-17-53</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u> ADDRESS <u>Chaffee Mo</u>	

1953  
APR 1  
7:00

APR 28 1953

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 *Jack I. Burnett*  
Licensed Embalmer No. 4473

P. O. Address *Chaffee, 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.