

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1953

State File No. **14570**
2160

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 33 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 33 W. Dartmouth	
3. NAME OF DECEASED (Type or Print) a. (First) OPAL	b. (Middle) LORENE	c. (Last) WATERMAN	4. DATE OF DEATH (Month) (Day) (Year) 4-21-53
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1906
9. AGE (In years last birthday) 46	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk McPike Drug Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME William Almond	13b. MOTHER'S MAIDEN NAME Minnie Ione Bruce	14. NAME OF HUSBAND OR WIFE Sheldon W. Waterman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-22-5880	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sheldon Waterman, 33 W. Dartmouth	
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.	18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary atherosclerosis DUE TO (b) Chronic Nephritis DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 4 yrs.
19a. DATE OF OPERATION 4/10/53	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction		20. AUTOPSY? YES <input checked="" 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) 5810	
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 4/3 , 19 53 , to 4/21/53 , that I last saw the deceased alive on 4/21/53 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph G. Webster MD		23b. ADDRESS 1103 Grand Ave	23c. DATE SIGNED 4/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-23-53	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) Topeka, Kansas
DATE REC'D BY LOCAL REG 4-23-53	REGISTRAR'S SIGNATURE Thereldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE	ADDRESS K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Joseph G. Webster MD

Dr. Joseph H. Webster
1400 Paul Bldg.
Vi 9158
about 3:30

Printed by Dr. R. W. Kern
Pathologist St. Joseph's Hosp.

Pick up diagnosis certif at Hosp.

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

Gerald A. Burger

Licensed Embalmer No.

4763

P. O. Address

Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.