No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22021

FILED JUL 13 1953

BIRTH NO. 37 04 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4263 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty
c. LENGTH OF STAY (In this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty, Missouri 0520 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kathy
b. (Middle): Larue
c. (Last): Waibel

4. DATE OF DEATH (Month): July (Day): 5 (Year): 1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: June 17, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days: 18 — If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (City and State or Foreign Country): Edina, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Verna Waibel
13b. MOTHER'S MAIDEN NAME: Irene Perry
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Verna Waibel — ADDRESS: Novelty, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia and Massive Atelectasis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Obstruction of the Main Bronchi by (food) (while feeding)

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: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 9210 22
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* _____, 19__, *that I last saw the deceased alive on* July 5, 1953, *and that death occurred at* 11.55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A D Wright M.D. (Degree or title)
23b. ADDRESS Leonard Mo.
23c. DATE SIGNED 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Novelty Cemetary
24d. LOCATION (City, town, or county) (State): Novelty, Mo.

DATE REC'D BY LOCAL REG.: July 10-53
REGISTRAR'S SIGNATURE: Zelle S. Hurolt
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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 EMBALMED _____, Student Embalmer No. _____, working under my personal supervision.

Student ..... Student Embalmer

Signed _____

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.