

FILED JUN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22237

State File No.

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia</u>		c. LENGTH OF STAY (in this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia, Missouri</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Della</u>			a. (First)			b. (Middle) <u>Waite</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1953</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb. 12, 1880</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HOURS Days		IF UNDER 24 HOURS Hours		IF UNDER 24 HOURS Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>rural Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Louis Allen Bond</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Blyze</u>			14. NAME OF HUSBAND OR WIFE <u>Arthur G. Waite</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fern Burks Iberia, Missouri</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>30 hours.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis</u>							
		DUE TO (c)							
		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>331X</u>						20. AUTOPSY? YES <input 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)					
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 4/26/52, 1952, to 6/5/53, 1953, that I last saw the deceased alive on 6/5/53, 1953, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Gould</u>		(Degree or title) <u>2 DO</u>		23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>6/7/53</u>	
--------------------------------------	--	----------------------------------	--	------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Miller Co. Mo.</u>	
--	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>JUNE 9 1953</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		195 <u>3</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. D. Hedges Iberia, Mo.</u>	
--	--	--	--	--------------	--	---	--

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

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 _____

Walter Bridges

Licensed Embalmer No. _____

4265

P. O. Address _____

Ferri, MD

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.