No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29446

State File No.

FILED AUG 17 1953

BIRTH NO. 53701 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 156

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea 0020
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): GAILE
b. (Middle): GENESE
c. (Last): WAUGH

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8/8/53
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Maryville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Aubrie R. Waugh
13b. MOTHER'S MAIDEN NAME: Vesta Bernice Scott
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 — ADDRESS: Aubrie R. Waugh, Rea, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal Tumor not known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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
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* Aug 8, 19 53 *to* Aug. 9, 19 53, *that I last saw the deceased alive on* Aug 9, 19 53, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. C. Bleemer (Degree or title): M. D.
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/11/53
24c. NAME OF CEMETERY OR CREMATORY: Athelstan
24d. LOCATION (City, town, or county) (State): Athelstan, Iowa

DATE REC'D BY LOCAL REG.: 8-15-53
REGISTRAR'S SIGNATURE: Reso Hall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Price Funeral Home, Maryville, 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.