

STANDARD CERTIFICATE OF DEATH

State File No. **30964**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **4020** Registrar's No. **147**

2040

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg	c. LENGTH OF STAY (in this place) 17 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address		d. STREET ADDRESS (If rural, give location) no street address	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) WILLIAM c. (Last) WADDINGTON	4. DATE OF DEATH (Month) (Day) (Year) Sept 21 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1879	9. AGE (In years) (Month) (Day) (Year) 74 4 6	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grinding Dept. A. P. Green Fire Brick	10b. KIND OF BUSINESS OR INDUSTRY Green Fire Brick	11. BIRTHPLACE (State or foreign country) Audrain County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Bart Waddington	13b. MOTHER'S MAIDEN NAME Mary Richards	14. NAME OF HUSBAND OR WIFE Mrs. Lula Waddington
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 488-098068A	17. INFORMANT'S SIGNATURE, OR NAME Mrs. Lula Waddington
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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) Arteriosclerosis		15 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Apoplexy		15 years 3 years
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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1, 1953**, to **Sept 21, 1953**, that I last saw the deceased alive on **Sept 21, 1953**, and that death occurred at **1:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Willis H. Walls	(Degree or title) Dr.	23b. ADDRESS Willaville Mo.	23c. DATE SIGNED 9/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/23/53	24c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery	24d. LOCATION (City, town, or county) (State) Benton City, Audrain, Mo.
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DATE REC'D BY LOCAL REG. Sept 23-1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE W.B. Skell	ADDRESS Willaville Mo.
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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 BB Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.