

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 16 1953

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk	
c. LENGTH OF STAY (In this place) 2 Yrs		d. STREET ADDRESS (If rural, give location) 0120 /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED a. (First) Oliver b. (Middle) Ernest c. (Last) Waddell			4. DATE OF DEATH (Month) (Day) (Year) 9-9-1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12-7-1889		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
11. BIRTHPLACE (State or foreign country) Dunklin, County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Wright Waddell		13b. MOTHER'S MAIDEN NAME Addie Durham		14. NAME OF HUSBAND OR WIFE Allie G. Waddell	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oral Waddell Gideon, 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, asphyxia, 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) Chronic Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease 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 443X		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) m.		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 9-8, 1953, to 9-9, 1953, that I last saw the deceased alive on 9-9, 1953, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank G. Dinell M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 9-11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-13-53		24c. NAME OF CEMETERY OR CREMATORY Shumate Cemetery	
				24d. LOCATION (City, town, or county), (State) 8 Mi. S.E. Holcomb, Mo.	

DATE REC'D BY LOCAL REG. 9/11/53		REGISTRAR'S SIGNATURE J. H. Murrell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Higginbotham	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
SEP 14 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

OCT 20 1953

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

Lloyd Russel

Licensed Embalmer No. 509-9rk

P. O. Address Orgeoth, Ark

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.