

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31370

State File No. _____

FILED OCT 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5324</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>				
b. CITY OR TOWN <u>Bourbon "Rural" Boone</u>		c. LENGTH OF STAY (in this place) <u>five</u>		c. CITY OR TOWN <u>Bourbon "Rural" Boone</u>		0280		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>				d. STREET ADDRESS (If rural, give location) <u>BOURBON, ROUTE #1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Mary</u> c. (Last) <u>Waidmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 27 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>AUG 27-1900</u>		
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Leo Bechter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carmody</u>		14. NAME OF HUSBAND <u>George Waidmann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Waidmann - Bourbon Mo</u> ADDRESS _____				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF TRANSVERSE COLON</u> 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. <u>153 X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 MONTHS</u>	
19a. DATE OF OPERATION <u>7-1-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>ANNULAR CARCINOMA OF TRANSVERSE COLON WITH DIRECT METASTASES TO GALL BLADDER AND LIVER.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>SEPT 11</u> , 19 <u>53</u> , to <u>SEPT 27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>SEPT 24</u> , 19 <u>53</u> , and that death occurred at <u>5:20 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Richard T. Walden</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bourbon, Missouri</u>		23c. DATE SIGNED <u>9-27-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-29-1953</u>		24c. NAME OF CEMETERY <u>Holy Mat 7445</u>		24d. LOCATION (City, town, or county) (State) <u>JAPAN Mo</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>9/28/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Hoener</u> ADDRESS <u>Cuba, Mo</u>				

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

0280

OCT 20 1958

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 Norman C. Palmer

Licensed Embalmer No. 4673

P. O. Address Cuba 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.