No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31400

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4172 Registrar's No. 47

0320
1

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

1. PLACE OF DEATH
a. COUNTY: Dekalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): StewartsvilleR#1
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dekalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stewartsville 0320
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Pious
b. (Middle): Alexander
c. (Last): Waller

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/9/1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dekalb Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Waller
13b. MOTHER'S MAIDEN NAME: Mary Kessler
14. NAME OF HUSBAND OR WIFE: Minnie Waller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---*
17. INFORMANT'S SIGNATURE OR NAME: C.G. Waller — ADDRESS: Stewartsville, Mo.

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)	Hypostatic Pneumonia	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Insufficiency	12 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Colon	6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222 H
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* Dec, 1953, *to* Sept. 5, 1953, *that I last saw the deceased alive on* Sept. 5, 1953, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. Jung, D.O.
23b. ADDRESS: Stewartsville, Mo.
23c. DATE SIGNED: 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/53
24c. NAME OF CEMETERY OR CREMATORY: Stewartsville
24d. LOCATION (City, town, or county) (State): Stewartsville, Mo.

DATE REC'D BY LOCAL REG.: 9-20-53
REGISTRAR'S SIGNATURE: R. Davidson 82-
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Summerfield — ADDRESS: Stewartsville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1955

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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.