

FILED OCT 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. **32464**
 BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Monroe			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Paris, Mo.		c. LENGTH OF STAY (in this place) 6 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri. 0870		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Plesant Rest Home.						
3. NAME OF DECEASED (Type or Print) a. (First) Allie b. (Middle) May c. (Last) Waterston.			4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walker Stuart		13b. MOTHER'S MAIDEN NAME Helen Stark.		14. NAME OF HUSBAND OR WIFE Alfred Waterston.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Gill ADDRESS Monroe City, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 3 hrs 11/2	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 331 X		(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 22, 1953</u> to <u>Sept 22, 1953</u> that I last saw the deceased alive on <u>Sept 18, 1953</u>, and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Helen Gill			23b. ADDRESS Paris, Missouri		23c. DATE SIGNED 9-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-1953	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery		24d. LOCATION (City, town, or county) (State) PERRY-MO.		
DATE REC'D BY LOCAL REG. Oct. 3-1953	REGISTRAR'S SIGNATURE J. A. Barnet, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wiley ADDRESS Perry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clyde Wilsey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.