

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5840

State File No.

FILED FEB 24 1954

No. 300
10-48
441
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BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write name and give township) <u>Bonne Terre</u>		c. CITY OR TOWN <u>Potosi</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in this place) <u>13 days</u>		e. STREET ADDRESS (If rural, give location) <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Willern</u> c. (Last) <u>Waller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20 1899</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salvage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Salvage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jesse Waller</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie M. Waller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>437-38-2028</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie M. Waller Potosi Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs. approx.</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>Severe malnutrition</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153x</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) 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 2-6, 1954, to 2-12, 1954, that I last saw the deceased alive on 2-12, 1954, and that death occurred at 1:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Luther M. Muller M.D.</u>		23b. ADDRESS <u>Bonne Terre Mo.</u>	23c. DATE SIGNED <u>2-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haskell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
DATE REC'D BY LOCAL REG <u>Feb. 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Park Potosi Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....
Murphy L. Spar...

Licensed Embalmer No. *423*

P. O. Address *Flat River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.