

STANDARD CERTIFICATE OF DEATH

State File No. **7912**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5147** Registrar's No. **14**

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| 1. PLACE OF DEATH a. COUNTY Caldwell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Caldwell | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Fairview Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Fairview Twp. | |
| c. LENGTH OF STAY (in this place) 35 yrs. | | d. STREET ADDRESS (If rural, give location) 5 mi. NW Braymer, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. NW Braymer, Mo. | | e. STREET ADDRESS (If rural, give location) 5 mi. NW Braymer, Mo. | |

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|--|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) ADELIA E. WATERS | | | 4. DATE OF DEATH (Month) (Day) (Year) 3/30/1954 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 11/14/1870 | | 9. AGE (In years last birthday) 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY retired | | 11. BIRTHPLACE (City and State or Foreign Country) Grundy Co., Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE J. N. Waters |
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|---|--|-------------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) none | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME John Stuhlfeld | ADDRESS Braymer, Mo. |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH prob. months |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis | | many years many years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans | | | many years |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: 332x | 18. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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|---|--|---------------------------------|
| 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 _____ |
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22. I hereby certify that I attended the deceased from **June**, 19**47**, to **Mar 30**, 19**54**, that I last saw the deceased alive on **Mar 29**, 19**54** and that death occurred at **2 P.** m., from the causes and on the date stated above.

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|---|-------------------------|----------------------------------|--------------------------------|
| 23a. SIGNATURE J. S. Goldberg M.D. | (Degree or title) _____ | 23b. ADDRESS Braymer, Mo. | 23c. DATE SIGNED 4/1/54 |
|---|-------------------------|----------------------------------|--------------------------------|

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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 4/1/1954 | 24c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery | 24d. LOCATION (City, town, or county) (State) Braymer, Mo. |
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|--|--|-------|---|-----------------------------|
| DATE REC'D BY LOCAL REG 4-10-1954 | REGISTRAR'S SIGNATURE Mrs. Ruth Ann Zuppert | 499-0 | 25. FUNERAL DIRECTOR'S SIGNATURE Clareb. Michael | ADDRESS Braymer, Mo. |
|--|--|-------|---|-----------------------------|

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.....

Geneb. Michael

Licensed Embalmer No.

4340

P. O. Address

Braymer, 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.