

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

502
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 3031 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 770 b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) De Soto		c. CITY OR TOWN De Soto	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 YRS		e. STREET ADDRESS (If rural, give location) 702 No Main ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 702 No. Main ST.			

3. NAME OF DECEASED (Type or Print) William Daniel Waldron			4. DATE OF DEATH June 18-1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 7-1870	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Farming	11. BIRTH PLACE (City and State or Foreign Country) Jefferson Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Chas. Waldron	13b. MOTHER'S MAIDEN NAME MARY JOHNSON	14. NAME OF HUSBAND OR WIFE Eliza Johnson Waldron
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eliza Waldron - De Soto, Mo.	18. ADDRESS De Soto, Mo.
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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, asphyxia, 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) Lobar pneumonia (unilateral)		9 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Arteriosclerosis		1 yr. 10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		2-3 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490X	20. 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 12/22, 1953, to 6/17, 1954, that I last saw the deceased alive on 6/17, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE Thomas H. Posey Jr. D.O.	23b. ADDRESS Edgar Building De Soto, Mo.	23c. DATE SIGNED 6/18/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-20-54	24c. NAME OF CEMETERY OR CREMATORY OAKLAND	24d. LOCATION (City, town, or county) (State) STAR RT. De Soto, Mo.
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DATE REC'D BY LOCAL REG. 6-21-54	REGISTRAR'S SIGNATURE Marie Garrison	5. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead	ADDRESS De Soto Mo.
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JEFFERSON COUNTY HEALTH DEPT.
JEFFERSON CITY, MISSOURI

DATE RECEIVED

JUN 26 1954

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 *Andrew H. England*.....

Licensed Embalmer No. *478*

P. O. Address *DeSoto*

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.