

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34400

State File No.

FILED NOV 1 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5895</u>		Registrar's No. <u>85</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON CO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON CO.</u>				
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Imperial Rocke</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>IMPERIAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IMPERIAL MO. R R # 2</u>				e. STREET ADDRESS (If rural, give location) <u>RR # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>WALLER</u>			4. DATE OF DEATH <u>14 OCT 1954</u> (Month) (Day) (Year)					
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>APR 31 1876</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>CRAWFORD CO MO.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>THOMAS WALLER</u>		13b. MOTHER'S MAIDEN NAME <u>JANE EDGAR</u>		14. NAME OF HUSBAND OR WIFE <u>EVA WALLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEE WALLER</u> ADDRESS <u>IMPERIAL 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack and Nephritis</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) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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) _____ (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 1, 1954</u> , to <u>Oct 14, 1954</u> , that I last saw the deceased alive on <u>Oct 14, 1954</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Mary Young</u> (Degree or title) <u>D.C.</u>				23b. ADDRESS <u>St Louis 4101 1/2 Shenandoah</u>		23c. DATE SIGNED <u>NOV 14 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Czar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 23, 54</u>		REGISTRAR'S SIGNATURE <u>Ruth Jison</u> 438-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
OCT 27 1954

DATE RECEIVED
OCT 27 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 *Elmo R. Padwell*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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.