

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20955

State File No.

FILED AUG 10 1955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>219</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>217 E. Buchanan St.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Waddill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23, 1873</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St. Tax Commission Office</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Chairman Retired.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Marvin Waddill</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ellen Sparks</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Alice Wilkins Waddill</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Alice Waddill, Kirksville, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.							
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) <u>331 X</u>			
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>Feb 24</u> , 19 <u>54</u> , to <u>July 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 31</u> , 19 <u>55</u> , and that death occurred at <u>2:08 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph D. Stickler MD</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>1-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-5-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Matney Kirksville, Mo.</u>			

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

VS MAY 24 1900

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 *George W. Davalt*

Licensed Embalmer No. *479*

P. O. Address *Kingsville*

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.