

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21261

State File No. _____

FILED AUG 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>743</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> <u>0250</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Plattsburg</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 HOSPITAL OR INSTITUTION <u>Mo. Metho. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>310 Locust</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>			b. (Middle) <u>D.</u>		c. (Last) <u>WALDECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 17, 1955</u>	
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>May 19, 1863</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mer chant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Peter Waldeck</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Helen (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Not given</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>Mrs. Gertrude Scarce, Plattsburg, 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						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>	ANTECEDENT CAUSES						48 hrs	
DUE TO (b) <u>Congestive heart failure</u>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						72 hrs	
DUE TO (c) <u>Arteriosclerotic and hypertensive heart disease</u>	4000 F						Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Fracture, neck, left femur</u>						5 days	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Plattsburg Clinton Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-12-55 6:30P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>				
22. I hereby certify that I attended the deceased from <u>July 12</u> , 19 <u>55</u> , to <u>July 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>55</u> , and that death occurred at <u>2:40P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Howard S. Jacks, M.D.</u>				23b. ADDRESS <u>420 No. 8th St., St. Joseph, Mo.</u>				23c. DATE SIGNED <u>7/21/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>July 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Lusk Plattsburg, Mo.</u>				

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.....
Signature of Student Embalmer

Signed *Danell D. Lyon*.....

Licensed Embalmer No. *3646*

P. O. Address *Flatt'sburg, Ky.*

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.