

FILED NOV 30 1955

STANDARD CERTIFICATE OF DEATH

37262

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) Carthage

c. CITY OR TOWN Carthage

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Gregory Nursing Home

STREET ADDRESS (If rural, give location) 803 Oak 24930

3. NAME OF DECEASED
a. (First) George b. (Middle) Henry c. (Last) Waldron

4. DATE OF DEATH (Month) (Day) (Year)
Nov 16 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 6 1874

9. AGE (In years last birthday) 91

IF UNDER 1 YEAR Months 10

IF UNDER 24 HRS. Days 10 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Unknown

12. CITIZEN OF WHAT COUNTRY? A.

13a. FATHER'S NAME Thomas Waldron

13b. MOTHER'S MAIDEN NAME Ann Elisabeth Brink

14. NAME OF HUSBAND OR WIFE Phena Henkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Phena Waldron Carthage, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile mental degeneration
ANTECEDENT CAUSES
DUE TO (b) Cerebral arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
334X

INTERVAL BETWEEN ONSET AND DEATH
year
years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/4, 1950, to 11/10, 1955, that I last saw the deceased alive on 11/10, 1955, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS Carthage, Missouri

23c. DATE SIGNED 11-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 19, 1955

24c. NAME OF CEMETERY OR CREMATORY Oak Hill

24d. LOCATION (City, town, or county) (State) Carthage Mo.

DATE REC'D BY LOCAL REG. 11-18-55

REGISTRAR'S SIGNATURE [Signature] 134

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Knell Mortuary, Carthage, Missouri

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

REC'D NOV 20 1939
JULY 1939
Office

County File Number 55-11-810
Date Filed NOV 20 1939

MAY 8 1939

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..... *O. L. Isbell*

Licensed Embalmer No. 4970

P. O. Address *Cothage*

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.