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FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14960
1003 State File No. 3700

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4350	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 7534 Canton Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARK	b. (Middle) CANNON	c. (Last) WATERS	4. DATE OF DEATH (Month) (Day) (Year) April 13th, 1956.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 18, 1917	9. AGE (In years last birthday) 38	10. MONTHS 4	11. DAYS 25	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain merchant - Sparks, Waters, Farman Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Kelly Waters	13b. MOTHER'S MAIDEN NAME Ann Cannon	14. NAME OF HUSBAND OR WIFE Lucille Reid Waters
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	16. SOCIAL SECURITY NO. WW-II 353-09-1676	17. INFORMANT'S SIGNATURE OR NAME Lucille Reid Waters	18. ADDRESS 7534 Canton Avenue
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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) <u>Myocardial infarction</u>		<u>11 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c)		<u>8 days</u>
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 <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1 June, 1946, to 13 Apr., 1956, that I last saw the deceased alive on 13 Apr., 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. G. Shaker MD</u>	23b. ADDRESS <u>114 N. Taylor St. L. 8</u>	23c. DATE SIGNED <u>13 Apr 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-16-56	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Missouri
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DATE REC'D BY LOCAL REG. APR 14 1956	REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>	ADDRESS 7233 Delmar Blv'd.
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62476 (Licensed Embalmer's Statement on Reverse Side)

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

VS NOV 22 1960

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.

Signed

Clarence A. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *4011*

P. O. Address *St. Louis Mo*

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 this body is not embalmed, fact should be so stated above.