

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19708**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>628</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Independence</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>11 Mos</b>		e. STREET ADDRESS (If rural, give location) <b>not given.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # Two</b>		<b>700</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kathryn</b>		b. (Middle) <b>---</b>	c. (Last) <b>Waddell</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 5th 1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 30th 1913</b>	9. AGE (In years last birthday) <b>42 Yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Gallager</b>		13b. MOTHER'S MAIDEN NAME <b>Gladys Griswold</b>		14. NAME OF HUSBAND OR WIFE <b>Forrest Waddell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grover Gallager, Hickman Mills, Missouri.</b>	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Huntington's Chorea</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>10 Yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3.55X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>SUICIDE</b> <b>HOMICIDE</b>		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 <b>Jan 1st, 1956</b> , to <b>June 5, 1956</b> , that I last saw the deceased alive on <b>June 5, 1956</b> , and that death occurred at <b>11:30am</b> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Forrest Thomas</b>		23b. ADDRESS <b>No. 100 W. of State Hosp No 2</b>		23c. DATE SIGNED <b>6/5-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Removal)</b>		24b. DATE <b>June 5th 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri.</b>
DATE REC'D BY LOCAL REG <b>June 12, 1956</b>		REGISTRAR'S SIGNATURE <b>Catharine M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Albert E. Hacking* .....

Licensed Embalmer No..... 32 .....

P. O. Address St. Joseph, .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.