

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22808**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **252**

1. PLACE OF DEATH
a. COUNTY **Boone**
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **Columbia**
c. LENGTH OF STAY (in this place) **22yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Boone County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **BOONE**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **COLUMBIA**
d. STREET ADDRESS (If rural, give location) **1030 JEAN RAE DR**

3. NAME OF DECEASED (Type or Print) a. (First) **LOUIS** b. (Middle) **ANTHONY** c. (Last) **WATERS** 4. DATE OF DEATH (Month) (Day) (Year) **AUG 8 1956**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Sept. 23, 1909** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Manager** 10b. KIND OF BUSINESS OR INDUSTRY **Produce Co.** 11. BIRTHPLACE (State or foreign country) **Belgium** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Louis Waters** 13b. MOTHER'S MAIDEN NAME **Jennie Elsen** 14. NAME OF WIFE **Reginia Waters**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **WWII** 16. SOCIAL SECURITY NO. **490-07-1231** 17. INFORMANT'S SIGNATURE OR NAME **Reginia Waters** ADDRESS **Columbia, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cancer of the pancreas** INTERVAL BETWEEN ONSET AND DEATH **1 year.**
*This does not mean the mode of dying, such as heart failure, asthenia, 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 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) **157X**

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 **July 1955**, to **8 Aug 1956**, that I last saw the deceased alive on **8 Aug 1956**, and that death occurred at **5:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Elvis P. Rodgers, M.D.** 23b. ADDRESS **P.O. 101 W. Broadway** 23c. DATE SIGNED **8 Aug 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **August 11, 56** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 24d. LOCATION (City, town, or county) (State) **Columbia, Mo.**

DATE REC'D BY LOCAL REG. **Aug 10, 56** REGISTRAR'S SIGNATURE **Mrs R E Palmer** 25. FUNERAL DIRECTOR'S SIGNATURE **Memorial Funeral Home, Col. Mo.** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1956

F

AUG 16 1956

AUG 26 1957

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signature Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.