

FILED-SEP 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027638

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 522

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Butler		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		a. STATE Missouri		b. COUNTY Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp,		Length of stay in 1b 5Da		c. CITY OR TOWN Fisk		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First William		Middle Hanson		Last Waters		Month 8-13-57 Day Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-2-1890	
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and state or country) Fredericktown, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer				13. FATHER'S NAME Benjamin Franklin Waters			
13. FATHER'S NAME				14. MOTHER'S MAIDENNAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 493-30-8735		17. INFORMANT Viola Waters, Fisk, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Cardiac failure Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE
21. I attended the deceased from <u>8-8-57</u> to <u>8-13-57</u> and last saw her alive on <u>8-13-57</u> Death occurred at <u>5153 Dr</u> near the date stated above and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. M. Murrell (Degree or title)				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 9-5-57	
23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE 8-14-57		23c. NAME OF CEMETERY OR CREMATORY Ash Hill		23d. LOCATION (City, town or county) (State) Butler, Co., Mo.	
24. FUNERAL DIRECTOR J. C. White ADDRESS Fisk, Mo.			25. DATE REC'D. BY LOCAL REG. 8/31/57		26. REGISTRAR'S SIGNATURE W. M. Murrell		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

SEP 3 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

MS SEP 28 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, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Raymond L. Duffie*

Licensed Embalmer No. *47*

P. O. Address *Berne*

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.