

FILED SEP 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28741

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5736 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MACON ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LYDA TOWNSHIP		c. CITY OR TOWN ATLANTA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FARM HOME		d. STREET ADDRESS (If outside, give location) FARM HOME	
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last WATERS		4. DATE OF DEATH Month 8 Day 22 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-23-1879
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		9b. AGE (In years last birthday) 77	9c. IF UNDER 1 YEAR Months 9 Days 29 Hours — Min. —
10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MACON CO. Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME PARKER Doggett		14. MOTHER'S MAIDEN NAME ELIZABETH McCABE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ERCELL HARDGROVE-ATLANTA-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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 12 Hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Sept 16-57 to Aug 22-57 and last saw her ^{alive} on Aug 22-57 Death occurred at 2:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) O. L. Woodward-Do		22b. ADDRESS Atlanta Mo	22c. DATE SIGNED 8-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG-25-57	23c. NAME OF CEMETERY OR CREMATORY HOPE Well	23d. LOCATION (City, town, or county) (State) MACON CO. MO
24. FUNERAL DIRECTOR Theo H. Goodding-ATLANTA Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 8/26/57	26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD FORM NO. 10-64 (REV. 1-54) PREPARED BY THE DIVISION OF HEALTH, MISSOURI DEPARTMENT OF HEALTH, COLUMBIA, MISSOURI

Date Filed 9, 9, 57

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 *Thos H Goodding*
Licensed Embalmer No. 3

P. O. Address *Atlanta*

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.