

FILED NOV 27 1957

STANDARD CERTIFICATE OF DEATH

41460
State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 213

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|--------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> | c. LENGTH OF STAY (in this place) <u>1 mo</u> | c. CITY OR TOWN <u>Cardwell</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>0-35-0</u> | |

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|----------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Wright</u> c. (Last) <u>Waller</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7, 1957</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 3, 1877</u> |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Tenn.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>William Davis</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>- Unknown -</u> | | 14. NAME OF HUSBAND OR WIFE <u>-</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Hays-Cardwell, Mo.</u> | | ADDRESS <u>Mo.</u> | |

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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>Pneumonia</u> | | ANTECEDENT CAUSES 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. <u>Senility -</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>491X</u> | |
| 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 11-1, 1957, to 11-6, 1957, that I last saw the deceased alive on 11-6, 1957, and that death occurred at 11 A. m., from the causes and on the date stated above.

| | | | | | | | |
|------------------------------------------------------------|--|----------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) | | 23b. ADDRESS <u>Rolla Mo</u> | | 23c. DATE SIGNED <u>7 Nov 57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 9, 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo.</u> | |

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|--------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------------------------|--|------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>Nov. 18, 1957</u> | | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u> | | ADDRESS <u>Heath, Ark</u> | |
|--------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------------------------|--|------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

38 0

RECEIVED

Phelps County Health Officer,

County File Number 878

Date Filed 11/26/57

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..... *Paul E. Neill*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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