

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1130

STATE FILE NUMBER

FILED JAN 22 1958

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 3

| | | | | | | | |
|---|-------------------------------|--|--|---|--|--|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Iron | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia <i>Imp.</i> | | a. STATE Missouri | | b. COUNTY Iron | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. N. of Pilot Knob | | Length of stay in lb Life | | c. CITY OR TOWN Arcadia | | d. STREET ADDRESS 1 mi. N. of Pilot Knob | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First ISAAC | | Middle BENJAMIN | | Last WALDRAM | | Month Jan. Day 9 Year 1958 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 8 1889 | 9. AGE (In years last birthday) 68 | | 10. KIND OF BUSINESS OR INDUSTRY granite products | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 11. BIRTHPLACE (City and state or country) Pike Wisconsin | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13. FATHER'S NAME Benjamin Waldram | | | | 14. MOTHER'S MAIDEN NAME Elizabeth Jane Johnson | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 398-07-2399a | | 17. INFORMANT Blanche Waldram, Middlebrook Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | | | | | | 2 weeks |
| IMMEDIATE CAUSE (a) acute myocarditis | | | | | | | |
| DUE TO (b) arterio-sclerosis | | | | | | | ? |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) influenza | | | | | | | 431X |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | | | | | |
| 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 | | | 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 Ironton, Missouri | | | | |
| 21. I attended the deceased from 12-27-57 to 1-9-58 and last saw ^{him} her alive on 1-9-58 | | | | | | | |
| Death occurred at 3.00P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE R. E. Garland, M.D. | | | | 22b. ADDRESS Ironton, Missouri | | 22c. DATE SIGNED 1-10-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| burial | | 1-13-57 | | Middlebrook Cemetery | | Middlebrook Mo. | |
| 24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. | | | | 25. DATE RECD. BY LOCAL REG. 1-16-58 | | 26. REGISTRAR'S SIGNATURE Mrs. Wis Jones | |

Ruel J. White (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

JAN 23 1958

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. *Russell J. White*.....

Licensed Embalmer No. *3017*

P. O. Address *Ormiton, Va*.....

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.