

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024294  
Stat. File No.

BIRTH FILED JUN 20 1958 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b> c. LENGTH OF STAY (In this place) <b>10 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b> d. STREET ADDRESS (If rural, give location) <b>Sylvania Twnshp</b> <b>R. F. D. #1 ORAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. #1 ORAN, MO.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ROY</b> c. (Last) <b>WALDO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 4 1958</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 23 1900</b>	9. AGE (In years last birthday) <b>57</b> IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JAMES WALDO</b>	13b. MOTHER'S MAIDEN NAME <b>RILDA OWENS</b>	14. NAME OF HUSBAND OR WIFE <b>MARTHA WALDO</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>W. W. #1</b>	16. SOCIAL SECURITY NO. <b>432-14-8130</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARTHA WALDO</b>	ADDRESS <b>ORAN, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30</b>
	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 <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) <b>4201</b> <b>ORAN, MO.</b>
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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?
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22. I hereby certify that I attended the deceased from First call after death, 1958, that I last saw the deceased alive on \_\_\_\_\_, 1958, and that death occurred at 12:00A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Helene C. Buckthorpe, M.D. Health Officer</b>	(Degree or title)	23b. ADDRESS <b>Benton, Mo</b>	23c. DATE SIGNED <b>6-7-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JUNE 5 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OWENS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>RUSSELLVILLE ARK.</b>
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DATE REC'D BY LOCAL REG. <b>6-13-58</b>	REGISTRAR'S SIGNATURE <b>Mustard Buepington</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cliff Smith</b>	ADDRESS <b>ORAN, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED 6-17-58  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 658-144

JUN 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl J. Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address. Oran, 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.