

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024554
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. B2 Primary Registration District No. 5113 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. UNION Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY R.F.D. Patton, Mo. OR TOWN 00908 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles N. of Patton Highway # 51 Length of stay in lb 7 years		d. STREET ADDRESS 2 Miles N. of Patton Highway 51 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Vivian E. Waller		4. DATE OF DEATH July 13, 1958	
5. SEX Female	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 April 2, 1921
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Frank McPeters	
14. MOTHER'S MAIDEN NAME Margaret Fair		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 498-10-8683		17. INFORMANT Wm. C. Waller — Patton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ventricular Fibrillation DUE TO (c) Anterior Myocardial Infarct			INTERVAL BETWEEN ONSET AND DEATH 0 3 min 12 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Acute Gastritis + Siderosis 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 7-13-58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 5-17-58 to 7-13-58 and last saw her alive on 7-12-58 Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. C. Waller		22b. ADDRESS Fredericktown, Mo.	22c. DATE SIGNED 7-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE July 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Patton Methodist Cemetery	23d. LOCATION (City, town, or county) (State) Bollinger County, Mo.
24. DIRECTOR D. P. Adamson	ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 7-17-58	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

300-1-56-0090
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 1 90V
AUG 1 1958

MS
APR 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Raymond B. Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredrick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.