

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033064

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4367

300
1-57

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in 1b) <u>75 yrs.</u> | | STREET ADDRESS (If outside, give location) <u>533 S. Hurry</u> | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>V</u> Last <u>Waddell</u> | | | 4. DATE OF DEATH Month <u>9</u> - Day <u>12</u> - Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-14-1865</u> | 9. AGE (In years last birthday) <u>93</u> | 10. FUNDER 1 YEAR IF UNDER 24 HRS. Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen & Coal</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u> | 11. BIRTHPLACE (City and state or country) <u>Level Green Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Waddell</u> | | 13b. MOTHER'S MAIDEN NAME <u>McLemore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rachel Waddell</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See No. 10, unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT <u>Robert Waddell</u> Address <u>420 N. Chelsea KCM.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of prostate</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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|---|--|---|
| 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. | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

| | | |
|---|-------------------------------------|---------------------------------|
| 21. I attended the deceased from <u>1954</u> to <u>9-12-1958</u> and last saw her alive on <u>August 1958</u> Death occurred at <u>11:55 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <u>Raymond W. Stockton M.D.</u> | 22b. ADDRESS <u>411 Nichols Rd.</u> | 22c. DATE SIGNED <u>9-13-58</u> |

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|---|--------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>9/15/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>C.H. Blackman & Son Inc</u> ADDRESS _____ | | 25. DATE RECD. BY LOCAL REG. <u>9-13-58</u> | 26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u> |

Embalmer's Statement on Reverse Side

Raymond W. Stockton

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



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 *W.C. Ravine*

Licensed Embalmer No. *4879*

P. O. Address *K.C. 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.