

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035228
State File No.

FILED OCT 14 1958

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. <u>106</u>		
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Sullivan				
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN Milan <u>1056</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 Home in Milan				STREET ADDRESS (If rural, give location) No street address				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Jefferson		c. (Last) Waldeck		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1958		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1883		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Sullivan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Alexander Waldeck			13b. MOTHER'S MAIDEN NAME Mariah Emerson			14. NAME OF HUSBAND OR WIFE Leola Waldeck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leola Waldeck, Milan, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Mycocardial Infarction</i></u> ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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><i>Milan Sullivan Mo</i></u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u><i>May 19, 1934</i></u> , to <u><i>Oct 1, 1958</i></u> , that I last saw the deceased alive on <u><i>Sept 1, 1958</i></u> , and that death occurred at <u><i>12:00 p.m.</i></u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u><i>John S. Gandy M.D.</i></u>				23b. ADDRESS <u><i>Milan, Mo</i></u>		23c. DATE SIGNED <u><i>10/1/58</i></u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1958		24c. NAME OF CEMETERY OR CREMATORY Deeds Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.		
DATE REC'D BY LOCAL REG. 10-8-58		REGISTRAR'S SIGNATURE <u><i>Mrs. M. W. Beckett</i></u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><i>Glenn E. Bent & Son, Green City, Mo.</i></u>				

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

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..... *Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City*

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