

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043143
State File No.

FILED DEC 29 1958

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Macon</u> <u>0610</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		STREET ADDRESS (If rural, give location) <u>827 Vine St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Pitman</u>	a. (First) <u>L.</u>	b. (Middle) <u>Waddle</u>	c. (Last) <u>Waddle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>4</u> <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-31-71</u>	9. AGE (In years last birthday) (If UNDER 1 YEAR: Months) (If UNDER 14 HRS.: Hours) (Min.) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paintex</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>W. Wiam P. Waddle</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Lindly</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Wynn Waddle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>442XF</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wynn Waddle</u>
		ADDRESS <u>Macon, Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. Heart Failure-Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis-Nephrosclerosis</u>		Unknown
	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 <u>11-29-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Stabilized INTER TROCHANTERIC FRACTURE Rt. HIP</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Church</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:45 11-28-58</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Stepped from curb into depression-fell</u>

22. I hereby certify that I attended the deceased from 11-29-58, 1958, to 12-4-58, 1958, that I last saw the deceased alive on 12-4-58, 1958, and that death occurred at 8:55 A.M. m., from the causes and on the date stated above.

23. SIGNATURE <u>Earl Laughlin, Jr.</u>	(Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>12-4-58</u>
--	------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-26-58</u>	REGISTRAR'S SIGNATURE <u>Dorris W. Ratliff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Lester Bream</u>	ADDRESS <u>Macon</u>
---	---	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

EARL LAUGHLIN, JR., D.O.

5355

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 *R. L. B. B. B.*

Licensed Embalmer No. 447

P. O. Address *Mary, Md.*

- 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.