

Health,
& Welfare
Public
Service

8

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044627

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		Length of stay in lb 53 years	d. STREET ADDRESS (If outside, give location) 1333 Wisconsin
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Anna Middle Waughtal Last			4. DATE OF DEATH Month Dec. Day 19, Year 1958		
--	--	--	--	--	--

5. SEX Female A	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 June 30, 1904	9. AGE (In years) 54 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Stillwell, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Jim Crabtree	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ralph Waughtal
------------------------------------	--------------------------------------	---

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. None	17. INFORMANT Ralph Waughtal	Address Joplin, Missouri
---	---------------------------------	---------------------------------	-----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosis, uremia, portal hypertension		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) cirrhosis	unknown
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture spine		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 5810F
---	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	---

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION COUNTY STATE
---	---

21. I attended the deceased from Dec. 25, 1957, to Dec. 18, 1958 and last saw her alive on Dec. 18	Death occurred at 12:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.
--	--

22a. SIGNATURE (Degree or title) Othand T Smith M.D.	22b. ADDRESS Medical Arts Bldg. Joplin, Mo	22c. DATE SIGNED 12-23-58
---	---	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
---	----------------------------	---	---

24. FUNERAL DIRECTOR Thornhill-Dillon	ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 12-31-58	26. REGISTRAR'S SIGNATURE Dove Merriam
--	-----------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1938 OCT 1

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 *Robert C. Haller*

Licensed Embalmer No. *5062*

P. O. Address *Jayville, 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.