

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015888

STATE FILE NUMBER 2-4852  
REGISTRAR'S NO.

FILED MAY 14 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis,	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4012 a Lafayette Ave.		d. STREET ADDRESS (If outside, give location) 4012 a Lafayette Ave.	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Zola K. Waddill			4. DATE OF DEATH Month Day Year 5/3/59			
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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 8/8/1910	9. AGE (In years last birthday) 48 yrs.	FUNDER YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (City and state or country) Colorado	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Pryor Phillips	13b. MOTHER'S MAIDEN NAME Ruby Wine	14. NAME OF HUSBAND OR WIFE Myron C. Waddill
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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. 492-16-0835	17. INFORMANT Address Myron C. Waddill 4012 a Lafayette Ave.
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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>Carcinomatosis</u> <u>Cancer of Breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>170X</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>14 mo</u> <u>14 mo</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>March 9, 1959</u> to <u>May 3, 1959</u> and last saw her alive on <u>May 2, 1959</u> Death occurred at <u>1:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22. SIGNATURE (Degree or title) <u>James A. Hutchinson M.D.</u>	22b. ADDRESS <u>114 No Taylor</u>	22c. DATE SIGNED <u>5/4/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/4/59	23c. NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery	23d. LOCATION (City, town, or county) Canton, Mo.
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24. FUNERAL DIRECTOR ADDRESS E.J. Schnur 3125 Lafayette Ave.	25. DATE RECD. BY LOCAL REG. MAY 4 '59	26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D. S.P.</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas R. Fenwick* .....

Licensed Embalmer No. *3793* .....

P. O. Address. *3125 Lafayette* .....

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.