

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019741

STATE FILE NUMBER

4552

FILED MAY 18 1959

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

300

1-57

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|---|---------------------------|---|--|---|---|
| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE Hosp. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 5333 Wabada | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN WESLEY WALLER | | | 4. DATE OF DEATH Month Day Year May 9, 1959 | | |
| 5. SEX Male <input type="checkbox"/> | 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 July 4, 1897 | | 9. AGE (In years last birthday) 61 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Tiptonville, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Charlie Waller | | 13b. MOTHER'S MAIDEN NAME Ida Unk. | | 14. NAME OF HUSBAND OR WIFE Mary Lou Waller | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown <input checked="" type="checkbox"/>) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT Address Lucille Tidwell, 2019 Crittenden | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anguilla Pectoris</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Coronary insufficiency</i> DUE TO (c) <i>426.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ulcerative Colitis</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>1 year</i> |
| 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>Feb 4 - 59</i> to <i>May 8 - 59</i> and last saw her ^{her} _{him} alive on <i>May 8 - 59</i> Death occurred at <i>12:00 AM May 9th 59</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>C. P. Shepherd M.D.</i> | | | 22b. ADDRESS <i>1259 N. Kings Highway</i> | | 22c. DATE SIGNED <i>May 9 - 59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE May 9, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery | | 23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |
| 24. FUNERAL DIRECTOR McLaughlin | | ADDRESS 2301 Lafayette | | 25. DATE RECD. BY LOCAL REG. MAY 9 '59 | 26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

9.02

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 *H. G. Jarvis*

Licensed Embalmer No. *3384*
P. O. Address *St. Louis*

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.