

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022505

FILED VS JUN 28 1960

47

Primary Registration District No. 5164

Registrar's No. 179

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton, Twp.</b>		Length of stay in lb <b>19 Days</b>	c. CITY OR TOWN <b>Fulton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Modern Acres Nursing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.F.D.# 2</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Scott</b> Middle <b>A.</b> Last <b>Waters</b>			4. DATE OF DEATH Month <b>June</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/4/1878</b>	9. AGE (last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner at Harbison Walker Ref.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Callaway Co, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>James Waters</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Love</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-6144</b>	17. INFORMANT Address <b>Vernon S. Waters R#1 Aurora, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral artery thrombosis</b> DUE TO (b) <b>Arterio sclerotic cardio vasculandis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Basal cell carcinoma, face</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 <b>10 April, 1960 - June 1, 1960</b> last saw him alive on <b>June 1, 1960</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>George H. Groce, m.d.</b>			22b. ADDRESS <b>Fulton, Mo.</b>		22c. DATE SIGNED <b>6/21/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 22, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mokane Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mokane Mo</b>			
24. FUNERAL DIRECTOR <b>Wallace Funeral Home, Fulton, Mo</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>June 22-1960</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *A. H. Mason*

Licensed Embalmer No. 4996

P. O. Address Fulton, 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.