

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 11 1960

-60-035334

DED

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Johnson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pittsville</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Johnson</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Junction 131 - 50</b>		Length of stay in lb Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>E. 3rd &amp; Vine</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Hazel</b>		Middle <b>Waite</b>		Last <b>Waite</b>		Month Day Year <b>Sept. 30, 1960</b>	
5. SEX <b>Female</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>3-4-1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Falls City, Nebr.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Lee White</b>			13b. MOTHER'S MAIDEN NAME <b>Effie Plummer</b>		14. NAME OF HUSBAND OR WIFE <b>Clyde Waite</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.		17. INFORMANT <b>Warrensburg, Mo. Daughter - Mrs. Garnett Ridenhour</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<b>Crushing injuries received in automobile accident</b>					
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 <b>9:30</b> p.m. <b>60</b>	Month, Day, Year <b>9/30/60</b>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY</b>	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>at inquest only</u> and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D. Coroner Johnson Co - Holden</b>				22b. ADDRESS <b>Holden, Mo.</b>		22c. DATE SIGNED <b>10/1/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-3-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Holden, Mo.</b>			
24. FUNERAL DIRECTOR <b>Cast Funeral Home, Holden, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-2-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. G. D. Redford</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 1 8 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed 

Licensed Embalmer No. 4857

P. O. Address Holden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.