URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048864

STATE FILE NUMBER

FILED VS JAN 26 1961

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 6

NDED

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGGINSVILLE — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN HIGGINSVILLE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 467 FAIRGROUND AVE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CLEMENT Middle WAYMAN Last
4. DATE OF DEATH Month Oct Day 21 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 8-15-1862
9. AGE (last birthday) 98 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY [redacted]
11. BIRTHPLACE (City and state or country) LAFAYETTE CO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN WAYMAN
13b. MOTHER'S MAIDEN NAME ANNA COCKSELL
14. NAME OF ~~HUSBAND~~ OR WIFE ANNA COCKSELL WAYMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS HATTIE LAMUN Address HIGGINSVILLE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Complete heart block — INTERVAL BETWEEN ONSET AND DEATH 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 years
DUE TO (c) Generalized arteriosclerosis — 4 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE 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

21. I attended the deceased from October 18, 1960 Oct. 21-60 last saw ~~her~~ him alive on Oct. 21-60,
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J F Koppin (Degree or title) M.D.
22b. ADDRESS Higginsville, Mo
22c. DATE SIGNED July 13 61

23a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) BURIAL
23b. DATE Oct 23-1960
23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY
23d. LOCATION (City, town, or county) HIGGINSVILLE (State) MO-

24. FUNERAL DIRECTOR WIEGERS-RIEKHOF ADDRESS HIGGINSVILLE MO
25. DATE REC'D. BY LOCAL REG. 1-17-1961
26. REGISTRAR'S SIGNATURE Lulie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

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