

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045124
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6479

AMENDED
FILED JAN 15 1967

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 MONTH	c. CITY OR TOWN MAYVIEW
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11206 BANNISTER ROAD WATSON REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle T Last WATERHOUSE			4. DATE OF DEATH Month DECEMBER Day 22 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/29/92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MAYVIEW, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME JAMES W. WATERHOUSE		13b. MOTHER'S MAIDEN NAME FANNIE BULLARD		14. NAME OF HUSBAND OR WIFE RUTH WATERHOUSE		
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. NONE	17. INFORMANT WILLIAM B. WATERHOUSE Address 119 W 96TH TERR. K.C. MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary Carcinoma of Lung	4 years
	DUE TO (c) Arteriosclerosis	8 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 12-1-61 to 12-22-61 and last saw her/him alive on 12-22-61
Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Lawrence</i> (Degree or title)	22b. ADDRESS 428 South White Ave	22c. DATE SIGNED 12-22-61
23a. FUNERAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 27, 1961	23c. NAME OF CEMETERY OR CREMATOR MARVIN CHAPEL CEMETERY
23d. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	23e. ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.	23f. LOCATION (City, town, or county) (State) MAYVIEW MISSOURI
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG. 12-26-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Paul Lawrence

ITEM NO. SHOULD READ

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 *[Handwritten Signature]*

Licensed Embalmer No. 4724

P. O. Address *[Handwritten Address]*

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.