

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4551

FILED MAR 14 1955

BIRTH NO. <u>128</u>		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>221</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Springfield</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>1923 N. Douglas</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>GRANVILLE</u>	b. (Middle) <u>CARR</u>	c. (Last) <u>WALLER</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>10</u> , (Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>15 Dec. 1878</u>	9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John D. Waller</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Luckett</u>	14. NAME OF HUSBAND/OR WIFE <u>Bertha L. Waller</u>	ADDRESS <u>Springfield, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>W/Knows</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mac P. Waller</u>	ADDRESS <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complaint Thrombosis</u>				
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				
DUE TO (b) <u>Arteriosclerosis Generalized</u> 10 yrs				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 - 9, 1951, to 3 - 10, 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>12 - 9, 1951, to 3 - 10, 1955</u> , that I last saw the deceased alive on <u>3 - 10, 1955</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul C. Morton</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson Springfield, Missouri</u>	23c. DATE SIGNED <u>3/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-12-55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) <u>Springfield, Missouri</u> (State) <u>Missouri</u>	
DATE RECD BY LOCAL REG. <u>3-12-55</u>	REGISTRAR'S SIGNATURE <u>Paul Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gov. Klingner, C.</u>	ADDRESS <u>Springfield, Mo.</u>	

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STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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