

## STANDARD CERTIFICATE OF DEATH

State File No. **25633**Registrar's No. **324**

FILED AUG 6 1957

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>324</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		c. CITY OR TOWN <b>California</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nace Nursing Home 419 N. Prospect</b>				e. STREET ADDRESS (If rural, give location) <b>0681 D</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EDWARD</b>		b. (Middle) <b>M.</b>		c. (Last) <b>WAINSCOTT</b>	
4. DATE OF DEATH		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 28, 1873</b>		9. AGE (In years last birthday) <b>83</b>		10. UNDER 1 YEAR <b>Months</b>		11. UNDER 1 YEAR <b>Days</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>W.R. Waincott</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Rickman</b>		14. NAME OF HUSBAND OR WIFE <b>not obtainable</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC OCCLUSION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDITIS &amp; ARTERIO SCLEROSIS</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>JULY 27, 1957</b> , to <b>DEATH</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>JULY 27, 1957</b> , and that death occurred at <b>7:05 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Karl B. Jones MD</b>				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>29 JUL 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/30/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural Pettis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-30-57</b>		REGISTRAR'S SIGNATURE <b>Frances Shelby</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas E. Ewing</b>		ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Shane Ewing*

Licensed Embalmer No. ....

P. O. Address *State*

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.