

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-026592

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000 Registrar's No. 272

FILED AUG 12 1965

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirksville

Length of stay in 1b
11 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

Stickler Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Adair

c. CITY
OR
TOWN

Kirksville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

315 East Illinois

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Emma

Middle

Alice

Last

Waddill

4. DATE OF DEATH

Month

August

Day

8

Year

1965

5. SEX

Female

6. COLOR OR RACE

White

7. MARITAL STATUS

Widowed ☒

8. DATE OF BIRTH

8/11/78

9. AGE (last birthday)

86

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Linn County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Albert Miller Wilkins

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Garton

14. NAME OF HUSBAND OR WIFE

John Thomas Waddill

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.

Mildred Cavey Kirkville, 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)

Myocarditis-acute--

INTERVAL BETWEEN ONSET AND DEATH

1 wks.

DUE TO (b)

Acute Pneumonia

3 wks.

DUE TO (c)

Arteriosclerosis

2-3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Hypertension

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 ☐ Unknown19. 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 Dec. 1, 1962, to Aug. 8, 1965 and last saw her alive on Aug. 8, 1965
Death occurred at 12:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. Stickler M.D.

22b. ADDRESS

107 E. Harrison, Kirkville, Mo.

22c. DATE SIGNED

8/9/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-10-65

23c. NAME OF CEMETERY OR CREMATORY

Highland Park

23d. LOCATION (City, town, or county)

Kirkville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home Kirkville Mo. Aug 9, 1965

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Permit received Aug 9, 1965

R. O. STICKLER, M.D.

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

David E. Foster

Licensed Embalmer, No.

4742

P. O. Address

Kirkville Mo

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.