

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 3015

Registrar's No. 3

STATE FILE NUMBER
66-0000863

FILED JAN 11 1966

1. PLACE OF DEATH

a. COUNTY

Clinton

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

OR TOWN Cameron

Length of stay in 1b

4 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Ca meron Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Dekalb

c. CITY

OR TOWN Stewartsville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Mary

-- Waller

4. DATE OF DEATH

Month

Day

Year

Jan.

3,

1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

June 1, 1880

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

Homemaker

11. BIRTHPLACE (City and state or country)

Stewartsville, Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Xavier Schleicher

13b. MOTHER'S MAIDEN NAME

Anna Wanger

14. NAME OF HUSBAND OR WIFE

A.L. (Dick) Waller

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.

496-42-2891

17. INFORMANT

Mrs. Josephine Spencer, Stewartsville, 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)

Carcinoma of the lungs

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

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

DUE TO (b)

DUE TO (c)

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

1963

to Jan. 3, 1966

and last saw her alive on 1-3-66

Death occurred at

10:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-6-19 66

23c. NAME OF CEMETERY OR CREMATORY

Ridgeville

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

Dekalb Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W.E. Summerfield, Stewartsville, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 5 1966

26. REGISTRAR'S SIGNATURE

Francis D. Crawford

(Licensed Embellishment Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.

100-10000-2221-1-24