

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8781

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <i>Rural Brookings</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BROOKINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BROOKINGS</u>	
c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>46th + NEW 40 HIGHWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>46th + NEW 40 HIGHWAY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u> b. (Middle) _____ c. (Last) <u>WATROUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 10. 1949</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-13-1882</u>		9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months <u>9</u> Days <u>27</u> if UNDER 1 MTH. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Creighton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>ELY STOKES</u>		13b. MOTHER'S MAIDEN NAME <u>JEANETTE PARKER</u>		14. NAME OF HUSBAND OR WIFE <u>HERBERT R. WATROUS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERBERT R. WATROUS - 46th + NEW 40 HIGHWAY</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>				<u>3 years</u>	
		DUE TO (c) <u>Chronic Nephritis</u>				<u>2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO INJURY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from JAN 6, 1948, to MAR. 10, 1949, that I last saw the deceased alive on MAR. 10, 1949, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Carl T. Mame</u>		23b. ADDRESS <u>6425 E 37th K.C.Mo</u>		23c. DATE SIGNED <u>3-11-49</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>Mar. 19-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1958

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.

Signed _____

D. H. Nofsinger

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3958

P. O. Address _____

Kansas City, 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 this body is not embalmed, fact should be so stated above.