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

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13180**

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4337</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Monroe</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Monroe</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Harvey</u>	b. (Middle) <u>Ernest</u>	c. (Last) <u>Waller</u>	(Month) <u>4</u>	(Day) <u>18</u>	(Year) <u>1949</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>1/24/1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Waller</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cuddy</u>		14. NAME OF HUSBAND OR WIFE <u>Con Waller-Waller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Clark</u> ADDRESS <u>Madison Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>15 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cardio-renal-Vascular Disease</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
				<u>J</u>			
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?			
22. I hereby certify that I attended the deceased from <u>April 3, 1949</u> to <u>April 18, 1949</u> , that I last saw the deceased alive on <u>April 17, 1949</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.R. Turner D.O.</u>				23b. ADDRESS <u>Madison Mo</u>		23c. DATE SIGNED <u>4/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/19/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Swiss Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Chas Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm G Thompson</u>		ADDRESS <u>Madison Mo</u>	

RECEIVED

District Health Officer No.

District File Number *H-49-7*

Date Filed **APR 25 1949**

**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.....  
Student Embalmer

Signed *Mr. J. A. Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Madison, 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.