

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26707

Registrar's No. 719

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 719			
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural—South Campbell Twp</b>		c. LENGTH OF STAY (In this place) <b>16 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Walnut Grove Mo R2</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>Rural Cass township</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hannah</b> b. (Middle) <b>May</b> c. (Last) <b>Waterman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 12, 1949</b>						
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>July-1-1882</b>			
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Maker</b>		11. BIRTHPLACE (State or foreign country) <b>Wadesburg, Missouri</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Nathan P. Lytle</b>			13b. MOTHER'S MAIDEN NAME <b>Mary J. Doss</b>		14. NAME OF HUSBAND OR WIFE <b>Royal Alfred Waterman</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NIL</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R.A. Waterman, Walnut Grove, Mo.</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal obstruction and peritonitis due to post-operative adhesions</b> DUE TO (c) <b>Gangrenous cholecystitis and cholelithiasis</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>584X</b>	
19a. DATE OF OPERATION <b>7/29/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gangrene of gall bladder + obstructive cholelithiasis</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE		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>7-27</b> , 1949, to <b>8-12</b> , 1949, that I last saw the deceased alive on <b>8-12</b> , 1949, and that death occurred at <b>7:40 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Island E. Utzel</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>8/12/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>August 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Willard Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-15-49</b>		REGISTRAR'S SIGNATURE <b>W. H. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene A. Brim</b> ADDRESS <b>Walnut Grove, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Gene A. Biss

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.