

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29733

FILED OCT 4 1949

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>New Franklin Mo.</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>W. 109 N. Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MOORE</u> c. (Last) <u>Waterfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26-1949</u>
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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>July 2-1883</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M. K. J. R. R. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. S. Waterfield</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Miss Elizabeth Waterfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>702-12-7080</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>James H. Waterfield Sedalia Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUPLICATE OF (a) <u>myocarditis decompensata</u>		<u>6 months</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.		DUPLICATE OF (b) <u>arteriosclerosis</u>		<u>4 years</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>420</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 Mar 11, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 10:26 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. L. Chamberlain M.D.</u>	23b. ADDRESS <u>New Franklin Mo.</u>	23c. DATE SIGNED <u>9-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 27-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo.</u>
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DATE REC'D BY LOCAL REG <u>Sept 30-49</u>	REGISTRAR'S SIGNATURE <u>J. Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>L. L. Chamberlain New Franklin Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED OCT 3

District Health Officer No. 8,

District File Number

Date Filed

10-3-49

NOV 16 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

H. L. Hall

Signed

Student Embalmer

Licensed Embalmer No.

3515

P. O. Address

New Franklin 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.