

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4339 State File No. 41803

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2 YRS</b>		69	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>316 COOPER AVE.</b>		d. STREET ADDRESS (If rural, give location) <b>316 COOPER AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>WALLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 10, 1949</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT. 7, 1861</b>		9. AGE (In years last birthday) <b>88</b>		If UNDER 1 YEAR Months <b>3</b> Days <b>3</b>		If UNDER 24 HRS. Hours <b>3</b> Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>MONROE Co., MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
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13a. FATHER'S NAME <b>Wm ALLEN WALLER</b>			13b. MOTHER'S MAIDEN NAME <b>SUSAN C. MALLORY</b>			14. NAME OF HUSBAND OR WIFE <b>NINA HAYDEN WALLER</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. WELDON RODGERS</b>				ADDRESS <b>PARIS, MO</b>			
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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) <b>Myocardial Infarction</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Jan 49</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b>								RISK	
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4221	

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)		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 1949**, to **DEC. 10, 1949**, that I last saw the deceased alive on **DEC 10, 1949**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm M. Keppeler M.D.</b>			23b. ADDRESS <b>PARIS, MO.</b>			23c. DATE SIGNED <b>12-11-49</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-13-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>PARIS, MO.</b>			
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DATE REC'D BY LOCAL REG. <b>12-12-49</b>		REGISTRAR'S SIGNATURE <b>J. H. Barnett</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Slakey</b>			ADDRESS <b>PARIS, MO.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 19 1949  
District Health Officer No. 1  
District File Number 12-49-  
Date Filed DEC 19 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 E. H. Agnew

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.