

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1950

30709
State File No. 3800

BIRTH NO. 58992-477 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1092 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Leavenworth	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kan Basehor	
c. LENGTH OF STAY (in this place) 33 hrs.		8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital		d. STREET ADDRESS (If rural, give location) 619 Garfield Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) Lawrence	c. (Last) Waters	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 23, 1950	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Days _____	IF UNDER 12 HRS. Hours _____	IF UNDER 12 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Rawley Waters	13b. MOTHER'S MAIDEN NAME Virginia Arlene Ready	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Waters, Jr. Basehor, Kansas	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Exhaustion		
	ANTECEDENT CAUSES DUE TO (b) Prematurity (6 mos.) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Abruptio Placenta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7725	

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 **Aug. 23, 1950**, to **Aug. 25, 1950**, that I last saw the deceased alive on **Aug. 25, 1950**, and that death occurred at **6:15A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond Hall (Degree or title)	23b. ADDRESS 2431A Indep Blvd.	23c. DATE SIGNED 19/1/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8-25-50	24c. NAME OF CEMETERY OR CREMATORY Hubble Hill	24d. LOCATION (City, town, or county) (State) Tonganoxie, Kansas
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DATE REC'D BY LOCAL REG. 9-6-50	REGISTRAR'S SIGNATURE S. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Frank Waters (Father)	ADDRESS Basehor, Kansas
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(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.....

Licensed Embalmer No.....

P. O. Address.....

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.