

FILED FEB 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2088

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Ridge 0800	
c. LENGTH OF STAY (If this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) DARLENE	b. (Middle) ELAIN	c. (Last) WAISNER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 10, 1949	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 0 Days 17 IF UNDER 24 HRS. Hours 17 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) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rolla G. Waisner	13b. MOTHER'S MAIDEN NAME Henrietta Hicks Waisner	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Rolla G. Waisner, Rt. 2, Green Ridge, Mo.	ADDRESS Green Ridge, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis		INTERVAL BETWEEN ONSET AND DEATH 6 hours 6 hours E 8820 14
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ingested Oil of Cedar Leaf		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 **1-10**, 19**49**, to **1-27**, 19**51**, that I last saw the deceased alive on **1-27**, 19**51**, and that death occurred at **3:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Rodeman M.D.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 1-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/29/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 1/27/51	REGISTRAR'S SIGNATURE A. J. Campbell M.D. Deputy	25. FEDERAL DIRECTOR'S SIGNATURE N. W. Ewing	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1804

RECEIVED

2/13/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2/13/51

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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Secalia 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.