

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN <u>BOONVILLE MO.</u> c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY OR TOWN <u>PRairie Home Twp. 02710</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RAVENSWAY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1747 PRAIRIE HOME MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> b. (Middle) <u>WAYPENTER</u> c. (Last) <u>WAYPENTER</u>			4. DATE OF DEATH <u>MARCH 27 1951</u> (Month) (Day) (Year)		
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>MAY 30 1888</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>GEORGE WAYPENTER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY McCullough</u>	14. NAME OF HUSBAND OR WIFE <u>BESSIE WAYPENTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Forest Carpenter</u> ADDRESS <u>1128 S. Winston Tulsa, Okla</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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)
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 March 27 1951 to March 27 1951, that I last saw the deceased alive on March 27 1951, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Dietzsch</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>3/28/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 29 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM</u>
24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>		

DATE REC'D BY LOCAL REG. <u>Mar 29-51</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE <u>I. G. Albert Hornbeck</u> ADDRESS <u>Boonville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0277

mg.

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-2-51 .....

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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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.