

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

16338

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3024 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> <u>0451</u>	
c. LENGTH OF STAY (In this place) <u>2 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>300-Depot St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee-Hospital-100-E-Davis St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hester</u> b. (Middle) <u>G</u> c. (Last) <u>Waters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May-13-1887</u>	
9. AGE (In years last birthday) Months Days <u>64 0 27</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		

13a. FATHER'S NAME <u>Brad - Publican</u>		13b. MOTHER'S MAIDEN NAME <u>Bemorin Grisham</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel-Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel-Waters-300depot St Fayette</u> ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left ventricular failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u> 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)		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 June 10, 1951, to June 10, 1951, that I last saw the deceased alive on June 10, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary R. Shell</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>M.D. Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>11 June 1951</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WELNUT RIDGE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>FAYETTE MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward F. Brooks Fayette Mo.</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>11 June 51</u>		REGISTRAR'S SIGNATURE <u>Mary R. Shell</u>		436	

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

0451

RECEIVED 6-13-61
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-13-61 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Edward F. Boyles

Signed.....
Student Embalmer

Licensed Embalmer No. 4553

P. O. Address Fayette 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.