V.S. No. 300
Rev. 10.48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27875

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5954 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Pike 0820
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Peno Twnship.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R #2 Frankford, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Peno Twnship. 0820
d. STREET ADDRESS (If rural, give location): R #2 Frankford, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Billy
b. (Middle): Guy
c. (Last): Waddell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: Oct. 16, 1926
9. AGE (In years last birthday): 24 — If under 1 year: Months 9, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Clarksville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Phillip Waddell
13b. MOTHER'S MAIDEN NAME: Bertha Florence Patrick
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War# 2
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Phillip Waddell, Frankford, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in right temple — INTERVAL BETWEEN ONSET AND DEATH

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: None
19b. MAJOR FINDINGS OF OPERATION: E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* Aug 5, 1951, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Mudd Coroner
23b. ADDRESS: Bowling Green, Mo.
23c. DATE SIGNED: Aug 10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/51
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Pike County, Mo.

DATE REC'D BY LOCAL REG.: Aug 10, 1951
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: George O. Hagner Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1951

Date Received: AUG 22 1951
DISTRICT HEALTH OFFICE #2
District File Number P-51-1476
Date Filed: AUG 22 1951

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 George C. Wagner

Licensed Embalmer No. 3773

P. O. Address Decatur, In

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.