No. 300
10.48

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29255

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Stoddard 1030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Richland)
c. LENGTH OF STAY (In this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Essex R7 D #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Richland) 1030
d. STREET ADDRESS (If rural, give location) Essex R.7 D. #2

3. NAME OF DECEASED (Type or Print)
a. (First) Irene
b. (Middle) Gladys
c. (Last) Waldrup

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 13 1898
9. AGE (In years last birthday) 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Scott Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Strong
13b. MOTHER'S MAIDEN NAME Avelene Sullivan
14. NAME OF HUSBAND OR WIFE E.E. Waldrup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME E.E. Waldrup — **ADDRESS** Essex R7 D #2

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) Coronary occlusion — 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
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ 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* _____, 19___, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Ray W. Rainey, (Degree or title) Coroner
23b. ADDRESS Dexter, Mo.
23c. DATE SIGNED 8-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-9-51
24c. NAME OF CEMETERY OR CREMATORY Taylor
24d. LOCATION (City, town, or county) Essex (State) Mo

DATE REC'D BY LOCAL REG. Aug 27-1951
REGISTRAR'S SIGNATURE Rose Wehner
25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home — **ADDRESS** Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.