

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37812

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 524

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jasper</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jasper</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Joplin</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">6 Yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Joplin</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2302 Pennsylvania Ave.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">314 Sergeant Avenue</p>			

0495

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Laura</p>	b. (Middle)	c. (Last) <p style="text-align: center;">WALDECKER</p>	(Month) <p style="text-align: center;">November</p>	(Day) <p style="text-align: center;">21,</p>	(Year) <p style="text-align: center;">1951</p>

5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">January 24, 1875</p>	9. AGE (In years last birthday) <p style="text-align: center;">76</p>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Domestic</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Brownsville, Texas</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>
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13a. FATHER'S NAME <p style="text-align: center;">Raphael de Saria</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Josephine Hoffman</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Lou Waldecker (DECEASED)</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs Florence Sharp</p>	ADDRESS <p style="text-align: center;">314 Sergeant Joplin, Mo.</p>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">1 yr.</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Myocarditis</i></p>		
	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 <p style="text-align: center;">4222</p>	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)	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 Oct 1, 1950, to Oct 21, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 12:45A on Nov 21, 1951, from the causes and on the date stated above.

22a. SIGNATURE <p style="text-align: center;"><i>D. L. Crawford, M.D.</i></p>	(Degree or title)	22b. ADDRESS <p style="text-align: center;">Joplin Mo.</p>	22c. DATE SIGNED <p style="text-align: center;">11/23/51</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">Nov 23, 1951</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt Hope Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Webb City, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">11-23-51</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>James J. ...</i></p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Thornhill-Dillon Mort</p>	ADDRESS <p style="text-align: center;">Joplin, Mo.</p>
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RECEIVED 11-26-51
Jasper County Health Office

County File Number 51/11879

Date Filed 11-27-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. E. Seid

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Jepson, 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.