

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19291**

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **3001** Registrar's No. **15**

0041

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

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. LENGTH OF STAY (In this place) 62 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		d. STREET ADDRESS (If rural, give location) 500 South Main
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 South Main			d. STREET ADDRESS (If rural, give location) 500 South Main		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Shelah c. (Last) Waters			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 28, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 10 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (State or foreign country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME George Washington Waters		13b. MOTHER'S MAIDEN NAME Lavinia Smith		14. NAME OF HUSBAND OR WIFE Elizabeth Bland Waters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-39-1188	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William B. Waters, Vandalia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Esophagus				
	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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				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) (Min.)	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 July 1952 , to July 2, 1952 , that I last saw the deceased alive on July 2, 1952 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. H. Bland, M.D.			23b. ADDRESS Vandalia Mo		23c. DATE SIGNED 7/3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
DATE REC'D BY LOCAL REG. July 3 1952	REGISTRAR'S SIGNATURE Malcolm Ferguson		DEPARTMENT DIRECTOR'S SIGNATURE W. B. Waters		ADDRESS Vandalia, Missouri

1961 E 1116

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 Wm. B. Waters

Licensed Embalmer No. 4961

P. O. Address Vandalia 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.