

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31437

State File No.

No. 300
10-48

SEP 17 1952

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|---|--|--|-------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>140</u> | | PRIMARY REG. DIST. NO. <u>3024</u> | | Registrar's No. <u>80</u> | |
| 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> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, 208 West Morrison</u> | | | | d. STREET ADDRESS (If rural, give location) <u>208 West Morrison,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> | | | b. (Middle) _____ | | | c. (Last) <u>Waugh</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>September 11 1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>January 20 1885</u> | | 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist (Retired) Mo. Pac. R.R. Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Thomas B. Waugh</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bee Steele</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosa Miller Waugh.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rosa Waugh, Fayette, Missouri.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Anasarca</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>2041</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/> | | 22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>Sept. 11, 1952</u> , that I last saw the deceased alive on <u>Sept. 11, 1952</u> , and that death occurred at <u>3P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. B. Bloom</u> | | (Degree or title) _____ | | 23b. ADDRESS <u>W. O. Fayette, Mo</u> | | 23c. DATE SIGNED <u>9-13-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 14/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-13-52</u> | | REGISTRAR'S SIGNATURE <u>Maey K. Shell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0451

0451

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SEP 26 1932

NOV 3 1932

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 *J. Goodman*.....
Licensed Embalmer No. *1178*.....

P. O. Address *Boonville, 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.