

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1880

FILED JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, -If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Dayton, 730</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wiley St. John's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. N.E. of Racine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wiley</u>			b. (Middle) <u>William</u>		c. (Last) <u>Wattenbarger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>		8. DATE OF BIRTH <u>Sept 5, 1876</u>	9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wiley Wattenbarger</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wattenbarger</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-07-9177</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary McDaniel, Racine, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Immediate</u>							
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible coronary thrombosis</u>						Immediate	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Generalized arteriosclerosis.</u>						Years _____	
Arteriosclerotic heart disease, de-						Years _____	
DUE TO (c) <u>compensated, with auricular fibrillation & aortic aneurysm.</u>						Years _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42001</u>				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) (Minute)		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 <u>10-4</u> , 19 <u>51</u> , to <u>1-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>53</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Delmond Burkhart, M.D.</u>				23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		23c. DATE SIGNED <u>1-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Racine, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-53</u>		REGISTRAR'S SIGNATURE <u>James L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. ... Seneca Mo</u>			

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

RECEIVED 1-12-53
Jasper County Health Office

County File Number 53/1/45
Date Filed 1-12-53

AUG 25 1953

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 *W E Biddlecome*

Licensed Embalmer No. 2174

P. O. Address *Seneca 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.