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FILED JAN 23 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4400

State File No. _____

XCL1712325
REG #105594

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0075

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>JEFFERSON BARRACKS</u>)	c. LENGTH OF STAY (In this place) <u>93 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>904 N NINETEENTH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUDRY</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>WATERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-3-1904</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ORDERLY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOSPITAL</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>HUXORE, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MILTON WATERS</u>	13b. MOTHER'S MAIDEN NAME <u>DORA MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA WATERS</u>
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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) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>491125393</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u> ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA OF LIVER, METASTATIC, PRIMARY SITE UNDETERMINED</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>HYPERTENSIVE VASCULAR DISEASE</u> DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>VA</u>	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 10-8-52, 1952, to 1-9-53, 1953, that I observed the deceased die on 1-10-53, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>VAH JEFFERSON BARRACKS, MO.</u>	23c. DATE SIGNED <u>1-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nat'l. Jefferson Brks</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMent & Son</u> ADDRESS <u>2629-31 Cole Street</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

H. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldin*

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.