

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18723**BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 1219 Center Street	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) E. c. (Last) Waelder			4. DATE OF DEATH (Month) (Day) (Year) 5-17-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-28-1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6 Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Theodore Waelder	13b. MOTHER'S MAIDEN NAME -----	14. NAME OF HUSBAND OR WIFE Katherine Waelder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorothy Miller, 1219 Center Hannibal, Mo.

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 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cong. heart failure DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident		3/29/53	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4341		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) Hannibal Marion Mo.
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?

22. I hereby certify that I attended the deceased from 3/29/53, 1953, to 5/10/53, 1953, that I last saw the deceased alive on 5/19/53, 1953, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. Watuschek M.D.	23b. ADDRESS 508 Broadway Hannibal Mo.	23c. DATE SIGNED 5/18/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
DATE REC'D BY LOCAL REG. 5/18/53		24d. LOCATION (City, town, or county) (State) Hannibal, Marion, Mo.
REGISTRAR'S SIGNATURE St. C. Triple		FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Connell
ADDRESS 508 M. Lumber Co. Hannibal Mo.		ADDRESS Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

44
1)

MAILED MAY 26 1953

RECEIVED MAY 25 1953
MARION CO. HEALTH DEPT.
DATE FILED MAY 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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Anniston, Ala

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.