

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **119**

FILED DEC 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6267** Registrar's No. **75**

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

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural JACKSON</b>		c. CITY OR TOWN <b>Rural JACKSON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>43 years</b>		e. STREET ADDRESS (If rural, give location) <b>7 miles N.W. JACKSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <b>George</b>		b. (Middle) <b>Irwin</b>	
		c. (Last) <b>Waugh</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 21 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>JAN. 2 1883</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hazleton Pa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Waugh</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Wolbe</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Waugh</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Stella Waugh</b> ADDRESS <b>Marshfield Mo</b>	
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) <b>Cerebral Vascular accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>Acute</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombus / or</b> DUE TO (c) <b>massive cerebral hemorrhage</b>  II. OTHER SIGNIFICANT CONDITIONS <b>as coronary heart disease (Posterior)</b> 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 2</b> , 1953, to <b>Nov. 21</b> , 1953, that I last saw the deceased alive on <b>Nov. 21</b> , 1953, and that death occurred at <b>10:00 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. M. Macdonnell M.D.</b>		23b. ADDRESS <b>Marshfield, Mo.</b>	23c. DATE SIGNED <b>11/26/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-25-53</b>	24c. NAME OF CEMETERY <b>Haynes Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Webster County MO</b>
DATE REC'D BY LOCAL REG. <b>12-4-53</b>	REGISTRAR'S SIGNATURE <b>J. Strawn</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bieber-Balk</b>	ADDRESS <b>Marshfield Mo</b>

**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.....  
Signature of Student Embalmer

Signed.. *Wm. S. Williams*.....

Licensed Embalmer No. *4-651*.....

P. O. Address.. *Marshfield*

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 embalmed by a STUDENT, he ~~also~~ shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.