

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1574**  
Registrar's No. **438**

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>10 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3638 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4517 SALEM COURT</u>			d. STREET ADDRESS (If rural, give location) <u>4517 SALEM COURT</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>SPRAGUE</u>		c. (Last) <u>WAITT</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JANUARY 24 1954</u>
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED 1</u>	<b>8. DATE OF BIRTH</b> <u>FEB-5-1888</u>	<b>9. AGE</b> (In years last birthday) <u>65</u>	IF UNDER: YEAR Months Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED VA ACCOUNTANT</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>PRITCHARD CONSTRUCTION COMPANY</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>IOWA</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
<b>13a. FATHER'S NAME</b> <u>ALBERT WAITT</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>FRANCES STOWE</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>STELLA WAITT</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>563-03-4256</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>MRS. STELLA WAITT, 4517 SALEM COURT, KANSAS CITY, MO.</u>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>4200</u>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral thrombosis</u>				DUE TO (b) <u>arteriosclerotic heart disease</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				(Leave blank)	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 a.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> Geo. G. Kealhofer (Degree or title) <u>Geo. G. Kealhofer, M.D., Public Health Officer</u>			<b>23b. ADDRESS</b> <u>4050 Birchmont Drive</u>		<b>23c. DATE SIGNED</b> <u>1-25-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>CREMATION</u>		<b>24b. DATE</b> <u>JAN 27 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>DW. NEWCOMER'S SONS</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-27-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>D. H. Newcomer's Sons, 1331 BRUSHWOOD PARK, Kansas City, Mo.</u>	

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

**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

*John B. Lewis*

Licensed Embalmer No.

*4875*

P. O. Address

*KC 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.