

FILED OCT 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30410

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 64

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| 1. PLACE OF DEATH a. COUNTY <u>Holt</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u> | | c. CITY OR TOWN <u>Maitland</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>6 weeks</u> | | e. STREET ADDRESS (If rural, give location) <u>0440</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Browne Nursing Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Franklin</u> b. (Middle) <u>Waller</u> c. (Last) <u>Waller</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-1954</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>3-10-79</u> |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 M. Hours _____ Min. _____ |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>ret. farmer & Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Maitland Mo -</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
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| 13a. FATHER'S NAME <u>Charles F. Waller</u> | 13b. MOTHER'S MAIDEN NAME <u>Maggie Ann Carroll</u> | 14. NAME OF HUSBAND OR WIFE <u>Rose Gay-deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles C. Waller - Maitland, Mo</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTROPHIC PROSTATE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PYCLO NEPHRITIS</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>610X</u> | 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) _____ |
| 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 JAN, 1953, to SEP 26, 1954, that I last saw the deceased alive on SEP 25, 1954, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. H. E. Coekin</u> | 23b. ADDRESS <u>Oregon Mo.</u> | 23c. DATE SIGNED <u>9-28-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-29-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cem -</u> | 24d. LOCATION (City, town, or county) (State) <u>Maitland Mo -</u> |
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| DATE REC'D BY LOCAL REG. <u>10-2-54</u> | REGISTRAR'S SIGNATURE <u>James H. Crawford</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Stehman</u> | ADDRESS <u>Maryville Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Arthur James Hall
Maryville Mo

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.....
G. M. Adheson

Licensed Embalmer No. 227

P. O. Address.....
Maryville

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.