

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36379**

0210

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

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 5000		Registrar's No. 425	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR			
b. CITY OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN KIRKSVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 MI N. KIRKSVILLE				e. STREET ADDRESS (If rural, give location) JUNCTION HIGHWAY 63 + 6 NORTH			
3. NAME OF DECEASED (Type or Print) a. (First) NOAH		b. (Middle) JESSIE		c. (Last) WADDILL		4. DATE OF DEATH (Month) (Day) (Year) DEC. 2 1954	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 14 1868	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER		11. BIRTHPLACE (City and State or Foreign Country) ADAIR CO MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. WESLEY WADDILL		13b. MOTHER'S MAIDEN NAME ISABELLE DABROW		14. NAME OF HUSBAND OR WIFE VIANNA E. COULSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME CHESTER L. WADDILL ADDRESS KIRKSVILLE MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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.				INTERVAL BETWEEN ONSET AND DEATH sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) m.		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 Dec. 2, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.				23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED Dec. 3, 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/4 1954		24c. NAME OF CEMETERY OR CREMATORY SABBATH HOME		24d. LOCATION (City, town, or county) (State) 6 MI-NW-BRASHERR MO	
DATE REC'D BY LOCAL REG. 12-7-54		REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Per Bradley Jr Hurdland 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 *Geo B Easley Jr*.....

Licensed Embalmer No. *3753*.....

P. O. Address *Hurdman*.....

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.