No. 300
10.48

FILED JAN 5 1955

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

State File No. 40012

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5005 Registrar's No. 454

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 
c. LENGTH OF STAY (in this place): 
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In his car On Road S. W. Adair Co., Pettus Twp. while carrying the Mail on Route.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN: Yarrow
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural Pettus Twp 0010 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Roy
b. (Middle): E.
c. (Last): Waddill

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 29, 1954

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 4, 1891
**9. AGE** (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Mail Carrier Rural
**10b. KIND OF BUSINESS OR INDUSTRY**: U. S. Mail
**11. BIRTHPLACE** (City and State or Foreign Country): Adair County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Sylvester Waddill
**13b. MOTHER'S MAIDEN NAME**: Flora Parker
**14. NAME OF HUSBAND OR WIFE**: Gladys Sallee Waddill

**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**: L. E. Waddill, Yarrow, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

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* 10:15A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] Sheriff Adair Co., Mo. Acting Coroner
**23b. ADDRESS**: Kirksville, Mo.
**23c. DATE SIGNED**: 12/29/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1/2/55
**24c. NAME OF CEMETERY OR CREMATORY**: Yarrow
**24d. LOCATION** (City, town, or county) (State): Adair Co., Mo.

**DATE REC'D BY LOCAL REG.**: 1-3-55
**REGISTRAR'S SIGNATURE**: Kate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: [signature] Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1955

JAN 5 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 47

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.