

FILED JUN 2 1955 STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. ... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY OR TOWN POPLAR BLUFF		c. CITY OR TOWN PIEDMONT	
c. LENGTH OF STAY (in this place) 7DA.		d. STREET ADDRESS (If rural, give location) ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF Hosp			

3. NAME OF DECEASED a. (First) DORA b. (Middle) EATON c. (Last) WAITES			4. DATE OF DEATH MAY 5 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED MARRIED	
8. DATE OF BIRTH MAR. 19 1876		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR 1 Months 16 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) PIEDMONT, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME ALVIS EATON		13b. MOTHER'S MAIDEN NAME MARY EDGAR		14. NAME OF HUSBAND OR WIFE WILLIAM WAITES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ NO		16. SOCIAL SECURITY NO. 488-24-9759		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM WAITES PIEDMONT	

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) Coronary Heart Disease.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 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 720	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------	--

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)		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 5-8, 1953, to 5-5, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at 6-40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank E. Dunell M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5-10-53	
-------------------------------------------------------	--	--------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 8/55		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.	
				24d. LOCATION (City, town, or county) PIEDMONT (State) MO.	

DATE REC'D BY LOCAL REG. 5/24/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Pish Piedmont, Mo.	
----------------------------------	--	-----------------------------------	--	-----------------------------------------------------------------------	--

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

RECEIVED  
MAY 31 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.