

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15706

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 90

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|---|--|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lee's Summit) | | c. LENGTH OF STAY (in this place) 52 Yrs. | c. CITY OR TOWN Lee's Summit |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 509 Miller Street | | STREET ADDRESS (If rural, give location) 509 Miller Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | b. (Middle) Waugh | c. (Last) Wilson |
| 4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH July 21, 1866 | | 9. AGE (In years last birthday) 88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Blandinsville, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Thomas Edward Waugh | | 13b. MOTHER'S MAIDEN NAME Lucy Francis Jones | |
| 14. NAME OF HUSBAND OR WIFE R. G. Wilson (Deceased) | | 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Wilson Jones, Lee's Summit | |
| 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) Senility 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. arteriosclerosis | |
| 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) 4500 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Sept. , 1952, to May 12, 1955 , that I last saw the deceased alive on 5-10 , 1955, and that death occurred at 1:45 p. m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Philip Super M.D. | | 23b. ADDRESS Lee's Summit, Mo | |
| 23c. DATE SIGNED 5-13-55 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24a. DATE May 13, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri | | DATE REC'D BY LOCAL REG. 5-12-1955 | |
| REGISTRAR'S SIGNATURE N. B. Langford | | 25. FUNERAL DIRECTOR'S SIGNATURE N. B. Langford | |
| ADDRESS Lee's Summit | | ADDRESS Mo. | |

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

(Licensed Embalmer's Statement on Reverse Side)

~~CONFIDENTIAL~~

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 *N. B. Longstaffe*.....

Licensed Embalmer No... 4962

P. O. Address Lee's Summit

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.