

FILED OCT 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. **82049**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>14 yrs.</u>	c. CITY OR TOWN <u>Warrenton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Orris</u> c. (Last) <u>Waters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 29, 1900</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Radio advertising</u>	9. AGE (In years last birthday) <u>55</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>0</u> <input type="checkbox"/> UNDER 1 YEAR Days <u>24</u> <input type="checkbox"/> UNDER 1 YEAR Hours <u>1</u> <input type="checkbox"/> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Radio advertising</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steedman, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Wm. Waters</u>	
13b. MOTHER'S MAIDEN NAME <u>Ella Nora Gillmann</u>		14. NAME OF HUSBAND OR WIFE <u>Reta Vernelle Crump</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-14-7146</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vernelle Waters, Warrenton, Mo</u>		ADDRESS	
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) <u>Body badly burned</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>result of coroner's jury.</u> DUE TO (c) <u>Ignorance, saturation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cladding with gasoline before lighting</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>979X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrenton Warren Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 23 1955 8:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>		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 <u>8:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>F. H. Kruger D. Coroner</u>		23b. ADDRESS <u>Warrenton, Mo.</u>	
23c. DATE SIGNED <u>9-24-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg &amp; Co., Warrenton, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Logan</u>		ADDRESS <u>421</u>	
DATE REC'D BY LOCAL REG. <u>9-26-55</u>		REGISTRAR'S SIGNATURE	

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

1092

1290

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *John Thieburg*.....  
Licensed Embalmer No.....  
P. O. Address *Warrent*

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