

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41334

State File No. ....

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4313 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>	c. LENGTH OF STAY (in this place) <u>1</u> da	c. CITY OR TOWN <u>Gifford,</u>	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 <u>In business place</u>		STREET ADDRESS (If rural, give location) <u>Rural, Rt. 1, Kirksville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Doyle</u> c. (Last) <u>Waddill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1955</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 25, 1930</u>	9. AGE (In years last birthday) <u>25</u>	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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Roy E. Waddill</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Sallee</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 7/15/54 to 11/17/55</u>	16. SOCIAL SECURITY NO. <u>497 30 7643</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Waddill, Yarrow, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>		
ANTECEDENT CAUSES - *Mention conditions, if any, giving rise to the above cause (a) stating the underlying cause, last. DUE TO (b) <u>22 Cal. Revolver</u> DUE TO (c) <u>Self-Inflicted.</u>			
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 <u>976x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Restaurant</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elmer Macon Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lester Fulton</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>Dec. 19, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yarrow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>

DATE REC'D BY LOCAL REG. <u>12/19/55</u>	REGISTRAR'S SIGNATURE <u>Ruth M Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacob H. ...</u>	ADDRESS <u>Kirksville, Mo.</u>
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12.23.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12.55.196  
Date Filed 12.29.55

DEC 12 1955  
DEC 12 1955  
DEC 31 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. Davall*

Licensed Embalmer No. 47

P. O. Address *Kirkland*

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.