

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1577

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5577 Registrar's No. 2

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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 Jacken | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri | |
| c. LENGTH OF STAY (In this place) 4 yrs 2 | | d. STREET ADDRESS (If rural, give location) unknown | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital | | | |

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|--|-------------------------|----------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Edward | b. (Middle) E | c. (Last) Waters | 1 11 1956 | | |

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|-----------------------|----------------------------------|--|--------------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 8-21-1886 | 9. AGE (In years last birthday) 89yrs. | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 2 HRS. Min. |
|-----------------------|----------------------------------|--|--------------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) photography | 10b. KIND OF BUSINESS OR INDUSTRY commercial | 11. BIRTHPLACE (State or foreign country) Ray County Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Wade Waters | 13b. MOTHER'S MAIDEN NAME Sarah Bright | 14. NAME OF HUSBAND OR WIFE deceased |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME R.J. Waters | ADDRESS Kansas City, Mo |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with pulmonary edema DUE TO (c) Arteriosclerotic Heart disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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 **1-11**, 1954, to **1-11**, 1955, that I last saw the deceased alive on **1-10**, 1955, and that death occurred at **8:20 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) David Waldman M.D. | 23b. ADDRESS Johnson County Hosp. | 23c. DATE SIGNED 1-11-55 |
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|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE Jan 11 56 | 24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem. | 24d. LOCATION (City, town, or county) (State) Braymer, Mo |
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|--|---|-----|--|---|
| DATE REC'D BY LOCAL REG. 1-15-56 | REGISTRAR'S SIGNATURE N.B. Langford | 483 | 25. FUNERAL DIRECTOR'S SIGNATURE Braymer | ADDRESS Meade Funeral Home Braymer, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed.....

B. E. Weidert

Licensed Embalmer No. *4075*

P. O. Address. *K. C. S. Mo.*

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.