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FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17324

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi West Curryville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike 0820
c. CITY OR TOWN: Curryville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location): 1 mi West Curryville

3. NAME OF DECEASED (Type or Print)
a. (First): Ollie
b. (Middle): Bondurant
c. (Last): Waddell

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 24 1875
9. AGE (In years last birthday): 80
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Curryville, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Bondurant
13b. MOTHER'S MAIDEN NAME: Ellen Lacy
14. NAME OF HUSBAND OR WIFE: Marion Waddell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henry Waddell, Curryville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kidney Block — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hiatus Hip — 1954
DUE TO (c) Myocarditis — Some 1955

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Nephritis — 3 Mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222F
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 42, *to* 5-17, 19 56 *that I last saw the deceased alive on* 5-5, 19 56 *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Mathews M.D.
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: 5-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1956
24c. NAME OF CEMETERY OR CREMATORY: Curryville Cemetery
24d. LOCATION (City, town, or county) (State): Curryville, Missouri

DATE REC'D BY LOCAL REG.: 5/14/56
REGISTRAR'S SIGNATURE: Bill Robinson
FUNERAL DIRECTOR'S SIGNATURE: William B Waters
ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia,

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