

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22372

FILED AUG 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200L</u>		Registrar's No. <u>356</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY OR TOWN <u>JOPLIN</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 (If not in hospital or institution, give street address or location) <u>ST. JOHN'S HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>1414 PEARL STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u>			b. (Middle) <u>HILBURN</u>		c. (Last) <u>WATERMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 10, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 16, 1882</u>		9. AGE (In years last birthday) <u>74</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>OWNED & OPERATED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GREENHOUSE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>HUMPHREW WATERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>IDA HAGGART</u>		14. NAME OF HUSBAND OR WIFE DECD <u>AGNES (REGAN) WATERMAN - 1948</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial acute anterolateral infarction.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8-9-56 to 8-10-56</u>	
19a. DATE OF OPERATION <u>8-10-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Myocardial acute anterolateral infarction!</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>8-9-56</u> , 19 <u>56</u> , to <u>8-10-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-10-56</u> , and that death occurred at <u>11:40 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Alice H. Wilson, M.D.</u> (Degree or title)					23b. ADDRESS <u>1923 Sergeant, Joplin, Mo</u>		23c. DATE SIGNED <u>8-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>8-16-56</u>		REGISTRAR'S SIGNATURE <u>Doyle Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

526

Superior Health Office
County File Number 56-9-668
Date Filed AUG 20 1956

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 *Jack Parker*

Licensed Embalmer No. 2538

P. O. Address *Asheville*

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.