

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38776

STATE FILE NUMBER

78346-56 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <b>MARION</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ADAMS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BAYLIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LEVERING HOSPITAL</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LINDA</b> Middle <b></b> Last <b>WATERS</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 26, 1956</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>3</b> Min. <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>JAMES WILFORD WATERS</b>			14. MOTHER'S MAIDEN NAME <b>BETTY IRENE SCHUSSLER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years or unknown) (If yes, give year or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>JAMES W. WATERS BAYLIS ILL.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary atelectasis</b> DUE TO (b) <b>Premature birth</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>7625</b>			
20c. TIME OF INJURY a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>11-26-56</b> to <b>11-27-56</b> and last saw her <sup>him</sup> alive on <b>11-27-56</b> . Death occurred at <b>7:00A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>James R. Burns, M.D.</b> (Degree or title)		22b. ADDRESS <b>Hannibal, Missouri</b>		22c. DATE SIGNED <b>11-29-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV. 28, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BAYLIS CEMETERY</b>	
				23d. LOCATION (City, town, or county) (State) <b>BAYLIS, ILL.</b>	
24. FUNERAL DIRECTOR <b>SKINER FUNERAL HOME GRIFFSVILLE</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>12-1-56</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke By W. C. Fisher</b>

RECEIVED DEC 7 1956

MARION CO. HEALTH DEPT.

DATE FILED DEC 7 1956

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

NOT EMBALMED

Student.....  
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No. *38*

P. O. Address *Hamm*

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.