

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12368

STATE FILE NUMBER

FILED MAY 14 1957

Registration District No. 47

Primary Registration District No. 4068

Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mokane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mokane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION River St.		Length of stay in lb 40 yrs	d. STREET ADDRESS River St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James M. Waters			4. DATE OF DEATH Month Day Year May 1, 1957			
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Box Factory	11. BIRTHPLACE (City and state or country) Callaway County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James W. Waters			14. MOTHER'S MAIDEN NAME Susie Love			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497 07 7104	17. INFORMANT Address Mrs. Stella Waters Mokane Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene of toes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Raynaud's Reynardes Disease DUE TO (c) /Systic Condition of blood vessels					INTERVAL BETWEEN ONSET AND DEATH	
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.) 453.0			
20c. TIME OF INJURY Hour Month, Day, Year 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 Dec. 1956 to May 1, 1957 and last saw her him alive on Apr. 29, 1957 Death occurred at 9:40PM m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) M.D. 0			22b. ADDRESS Route 3 Fulton MO.		22c. DATE SIGNED 5/3/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Mokane	23d. LOCATION (City, town, or county) (State) Mokane Missouri.			
24. FUNERAL DIRECTOR ADDRESS M. J. Marpin Fulton Mo.		25. DATE RECD. BY LOCAL REG. May-10-1957	26. REGISTRAR'S SIGNATURE Martha Lawrence			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public
Service

S. 300
V. 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

426-0

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 *L. J. Rossor*
Licensed Embalmer No. *255*
P. O. Address *Hullton*

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.