Health, & Welfare Public Service

S. 300
. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15995
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY WAYNE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ✓ — Length of stay in 1b ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WAYNE
c. CITY OR TOWN PIEDMONT 1110 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS ✓ (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ALMYRA Middle JANE Last WAITES
4. DATE OF DEATH Month APR. Day 18 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH SEPT 7, 1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 7 Days 11 — 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 HOME
11. BIRTHPLACE (City and state or country) BALTIMORE MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HORACE PENN
14. MOTHER'S MAIDEN NAME MARY H. HARDING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Address EDWARD WAITES PIEDMONT, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis Ch.
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Piedmont COUNTY Wayne STATE Mo.
21. I attended the deceased from Jan 1-57, to Apr. 18. 57 and last saw her alive on Apr 10-57
Death occurred at 1 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) L. E. Toney M.D.
22b. ADDRESS Piedmont Mo
22c. DATE SIGNED 4-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-21-57
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.
23d. LOCATION (City, town, or county) PIEDMONT, (State) Mo.
24. FUNERAL DIRECTOR Norman W. Gish ADDRESS Piedmont Mo
25. DATE RECD. BY LOCAL REG. April 20 1957
26. REGISTRAR'S SIGNATURE Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

460-0

APR 23 1957
WAYNE CO. HEALTH CENTER
FILE No. _____

APR 26 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 45

P. O. Address Piedmo

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