

FILED AUG 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27886**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4172** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stewartville		c. CITY OR TOWN Stewartville Dekalb Co.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0320	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Andrew	b. (Middle) Leo (Dick)	c. (Last) Waller	(Month) 8	(Day) 3	(Year) 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-28-1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Buchanan Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Waller	13b. MOTHER'S MAIDEN NAME Mary Kessler	14. NAME OF HUSBAND OR WIFE Mary Waller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 496-42-2891	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Waller, Stewartville	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	496-42-2891 MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-29**, 19**57**, to **8-3**, 19**57**, that I last saw the deceased alive on **8/3**, 19**57**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Drury (Degree or title)	23b. ADDRESS Stewartville, Mo.	23c. DATE SIGNED 8-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/5/57	24c. NAME OF CEMETERY OR CREMATORY Ridgeville	24d. LOCATION (City, town, or county) (State) Dekalb Co. Mo.
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DATE REC'D BY LOCAL REG. 8-17-57	REGISTRAR'S SIGNATURE Rose W. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. Ed Sumnerfield, Stewartville, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 28 1951

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 *W. Summerfield* _____

Licensed Embalmer No. *3009*

P. O. Address *Stewartsville,*

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.