Health, Welfare Public Service

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

STATE FILE NUMBER 32309

Registration District No. 146 Primary Registration District No. 0026 Registrar's No. 374

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: INDEPENDENCE SAN + HOSP — Length of stay in 1b: 5½ hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CLAY
c. CITY OR TOWN: LIBERTY (W) — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 2, BOX 321 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: PAMELA Middle: JEAN Last: WATERS

4. DATE OF DEATH: Month: Aug. Day: 16 Year: 1957

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 16 Aug 57

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: 5 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): INDEPENDENCE, MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DON EDWARD WATERS

14. MOTHER'S MAIDEN NAME: LEOTA SELF

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: LEOTA SELF WATERS

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): INTERNAL HYDROCEPHALUS-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: CONGENITAL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 752X

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 COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:30 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James E Bridgins (Degree or title): M D

22b. ADDRESS: 1509 W. TRUMAN Rd.

22c. DATE SIGNED: 19 Aug 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 8-19-57

23c. NAME OF CEMETERY OR CREMATORY: INDEPENDENCE SAN + HOSP.

23d. LOCATION (City, town, or county): INDEPENDENCE (State): Mo.

24. FUNERAL DIRECTOR: Indep. Sanitarium & Hospital ADDRESS:

25. DATE RECD. BY LOCAL REG.: 8-19-57

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.