Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005000
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY DUNKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN MALDEN 0351 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RESIDENCE — Length of stay in lb 21 Yrs	d. STREET ADDRESS (If outside, give location) 300 N. MADISON — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First PEARL Middle Last WALLER		4. DATE OF DEATH Month Feb. Day 25, Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH Dec ~~JAN.~~ 17, ~~1875~~ 1880
9. AGE (In years last birthday) ~~83~~ 77	IF UNDER 1 YEAR Months ~~1~~ 2 Days ~~3~~	IF UNDER 24 HRS. 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 HOME	11. BIRTHPLACE (City and state or country) HARRISBURG, ARK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Z.T. WALLER Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT IRVIN WALLER Address MALDEN, MO	

MEDICAL CERTIFICATE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	36 hours
DUE TO (b)	Arteriosclerotic Heart Disease	5 years
DUE TO (c)	4200F	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture, right femur, with open reduction on 11-26-57

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell down steps at home and fractured right femur.

20c. TIME OF INJURY Hour a.m. Month, Day, Year 10:00 Nov 25,57

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home

20f. CITY, TOWN, OR LOCATION Malden, COUNTY Dunklin, STATE Missouri

21. I attended the deceased from 17 Dec 57, to 25 Feb 58 and last saw her alive on 24 Feb 58

Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles S. Williams M.D.	22b. ADDRESS Malden, Missouri	22c. DATE SIGNED 2-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-26-58	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) MALDEN (State) MO		
24. FUNERAL DIRECTOR DAY FUNERAL HOME ADDRESS MALDEN, MO	25. DATE RECD. BY LOCAL REG. 2-28-58	26. REGISTRAR'S SIGNATURE J. S. Schaumann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

3-4-58

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SEP 25 1958

MAR 14 1958

MAR 19 1958

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 J. H. Schouman

Licensed Embalmer No. 4086

P. O. Address Malden

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.