Health, Welfare Public Service
4.5
300
1-56
0821

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 MAY 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015274
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 618 Frankford Rd. — Length of stay in lb 16 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Louisiana 0825 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 618 Frankford Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANCIS Middle STEPHEN Last WADDELL
4. DATE OF DEATH Month APRIL Day 20, Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Feb. 3, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Street Car Conductor
10b. KIND OF BUSINESS OR INDUSTRY Retired Street Car Conductor
11. BIRTHPLACE (City and state or country) Pike Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME P. S. Waddell
14. MOTHER'S MAIDEN NAME Margaret Caverly
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. 493-10-9429
17. INFORMANT Address Mr. Curt Waddell, Louisiana, 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) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 to 8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Fungus Ulcerative infection, large, of left thigh, with extension to abdomen and bones — 10 yrs plus
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1345
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 10-15-57, to 4-20-58 and last saw her/him alive on 4-16-58
Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. H. Lewellen M.D.
22b. ADDRESS Louisiana, Mo.
22c. DATE SIGNED 4-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/22/58
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Pike Co., Missouri

24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo.
25. DATE RECD. BY LOCAL REG. April 29, 1958
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1958

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...Virginia M. Stu...

Licensed Embalmer No...44

P. O. Address...

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