

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026210  
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 187 Primary Registration District No. 5701 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Massachusetts</b> COUNTY: <b>Essex</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Green Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Lynnfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 65</b>		Length of stay in lb <b>1 hour</b>	d. STREET ADDRESS (If outside, give location) <b>85 Canterbury Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Chester</b> Middle <b>Harwood</b> Last <b>Waite</b>			4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 10, 1889</b>	9. AGE (In years past birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Toy manufacturer</b>		11. BIRTHPLACE (City and state or country) <b>Lynn, Mass</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Waite</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Waite</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>020-24-3383</b>		17. INFORMANT Address <b>Mrs. Lena Waite, Lynnfield, Mass.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>4201</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u><b>None</b></u> to _____ and last saw him alive on <u><b>July 12-58</b></u> Death occurred at <u><b>12:15 P.M.</b></u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joseph Conrad M.D. (Coroner)</b>			22b. ADDRESS <b>Chillicothe, Mo</b>		22c. DATE SIGNED <b>July 12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 13, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parker Funeral Home</b>		23d. LOCATION (City, town, or county) <b>Lynn, Mass.</b>	(State)
24. FUNERAL DIRECTOR <b>Donald Gordon, Chillicothe, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7/12/58</b>		26. REGISTRAR'S SIGNATURE <b>Frances B New</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

AUG 8 1968

SEP 9 1968

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 *Richard H. Banda* .....

Licensed Embalmer No. *4866* .....

P. O. Address *Chillicothe* .....

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.