

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000367

STATE FILE NUMBER 87

Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

FILED FEB 2 1959

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp.		Length of stay in lb 30 years	d. STREET ADDRESS (If outside, give location) 1404 Prospect Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CECIL ROBERT WALDROFF			4. DATE OF DEATH Month Day Year Jan. 20, 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	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) Partner	10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and state or country) Clearmont, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William A. Waldroff	13b. MOTHER'S MAIDEN NAME Laura Johnson	14. NAME OF HUSBAND OR WIFE Alberta L.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #1	16. SOCIAL SECURITY NO. 491-09-0156	17. INFORMANT Address Mrs. Alberta Waldroff, 1404 Prospect, St. Joseph
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Occlusion DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
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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.) 4/20/
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from Nov 29, 1942 to Jan 20, 1959 and last saw him alive on Jan. 12, 1959 Death occurred at 5:20p. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) D. S. E. Seizer M.D.	22b. ADDRESS St. Joseph Mo	22c. DATE SIGNED 1-22-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/23/1959	23c. NAME OF CEMETERY OR CREMATOR Asiland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR Heaton Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 27, 1959	26. REGISTRAR'S SIGNATURE John Clark Woodell
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All diseases in Part I must be causally related.

DR. S. E. SEIZER

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 3 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 *William Spelling*

Licensed Embalmer No. *4535*

P. O. Address *St Joseph, Mo*

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.