THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013988
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: ½ mile N.W. Monett — Length of stay in 1b: 60 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Monett — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ½ mile nw. Monett — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: MANFORD Middle: H. Last: WALTRIP
4. DATE OF DEATH: Month: April Day: 24 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 27, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months: 7 Days: 2 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Frisco Employe
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Barry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Elijah Waltrip
13b. MOTHER'S MAIDEN NAME: Nancy Holland
14. NAME OF HUSBAND OR WIFE: Ida Buenning Waltrip
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.: None
17. INFORMANT: Warren Waltrip, Address: Pierce City, 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) Arteriosclerotic Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X
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 April 23, 1959
Death occurred at 9:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert R. Dolley (Degree or title) M.D.
22b. ADDRESS: Monett, Missouri
22c. DATE SIGNED: 4-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/27/59
23c. NAME OF CEMETERY OR CREMATORY: Oakdale
23d. LOCATION (City, town, or county) (State): Monett, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 4-27-59
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be raised. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

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JUN 9 1959

DATE REC. 5-5-59

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. R. Buckhannon

Licensed Embalmer No. 3179

P. O. Address Monett, 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.