

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024334
State File No.

FILED VS AUG 13 1959

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 364

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>505 No. Second St.</u> ⁰¹²⁴	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>505 No. Second St.</u>		d. STREET ADDRESS (If rural, give location) <u>505 No. Second St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>Randolph</u> c. (Last) <u>Waddell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-7-1895</u>
9. AGE (In years less birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Tom Waddell</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Waddell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE, OR NAME <u>Mrs. Mary Waddell</u>		ADDRESS <u>505 No. Second St. Poplar Bluff, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
19a. DATE OF OPERATION <u>Dec 58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach with metastasis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>58</u> , to <u>7-16</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>59</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Eugene T. Hansbrough M.D.</u> (Degree or title)		23b. ADDRESS <u>623 Pine Blvd. Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>7-27-59</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-1959</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pocahontas, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>8/4/59</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. McNeill</u> ADDRESS <u>Pocahontas, Ark.</u>	

SEP 20 1959

BUTLER CO. HEALTH CENTER
FILE NO. _____

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
Student Embalmer

Signed M.C. McNeill
Licensed Embalmer No. 680 (Ark.)

P. O. Address Fayetteville, Ark.

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 this body is not embalmed, fact should be so stated above.