

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS OCT 28 1959

59-036536

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>INDEPENDENCE</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SANITARIUM</u>		d. STREET ADDRESS (If outside, give location) <u>16900 3rd St. North</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>MELVIN MONROE WATERS</u>			4. DATE OF DEATH Month Day Year <u>Oct. 17, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>WAKENDA, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie E. Waters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>515-18-9031</u>		17. INFORMANT Address <u>Mrs Lillie Waters Independence Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Occlusion of femoral artery & amputation of leg. Complete</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 July 27, 1959 to Oct. 17, 1959 and last saw him alive on Oct 18, 1959
 Death occurred at 11:30A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Chas. Nickerson, M.D.</u>		22b. ADDRESS <u>Independence, Mo.</u>		22c. DATE SIGNED <u>10-19-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct 20, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRHAVEN</u>		23d. LOCATION (City, town, or county) (State) <u>NORBORNE, Mo.</u>

24. FUNERAL DIRECTOR <u>Roland R. Speaks</u>	ADDRESS <u>INDEPENDENCE, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-20-59</u>	26. REGISTRAR'S SIGNATURE <u>James S. [Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Follie Fessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.