

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039357

FILED VS DEC 9 1959

Registration District No. _____ Primary Registration District No. 3014 Registrar's No. 136

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Plano</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Plano</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>1312 Middlebrook St</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1312 Middlebrook</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZABETH ROSE WATERMAN</u>				4. DATE OF DEATH Month Day Year <u>Nov. 5. 59</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Feb. 20-1918</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Den Meiner Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James A. McQuinn</u>			13b. MOTHER'S MAIDEN NAME <u>Jan A. Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. J. M. Waterman</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>no</u>	17. INFORMANT <u>Dr. J. M. Waterman Liberty Mo</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>nature thereof undetermined, but not from violent or casual cause.</u> Died from natural causes, exact Sudden DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Complete autopsy and toxicology. Negative.</u>						INTERNAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None.</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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Final diagnosis pending final autopsy report & to be forwarded on completion</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 <u>1952</u> to <u>1959</u> and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James A. Shillington MD</u>				22b. ADDRESS <u>325 Main Liberty Mo</u>		22c. DATE SIGNED <u>12-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>7 avenue</u>		23d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		
24. FUNERAL DIRECTOR <u>Church-Archer Co</u>		ADDRESS <u>Liberty Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Nobel Graham</u>		

statement BY AFFIRANT OF attending physician DOCUMENT MEDICAL CERTIFICATION

300

130

87

AUG 9 1962

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 John Embrey

Licensed Embalmer No. 4448

P. O. Address Liberty 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.

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