FILED VS JAN - 8 1960

DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 046048

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 212114

MENDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN Tulsa — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 7426 E.30th St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: JEREMIAH McGRATH WADDOCK, JR.	4. DATE OF DEATH Month Day Year: Dec. 29, 1959
5. SEX: male — 6. COLOR OR RACE: white — 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Dec.29,1959 — 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant — 10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): St. Louis, Missouri — 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jeremiah McG. Waddock — 13b. MOTHER'S MAIDEN NAME: Sally Stroup	14. NAME OF HUSBAND OR WIFE: ----
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 Address: J. McG. Waddock, Tulsa, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory immaturity c̄ Asphyxia — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (5 mos gestation)

DUE TO (c) 762.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 12/29/59, to 12/29/59 and last saw her/him alive on 12/29/59

Death occurred at 10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD	22b. ADDRESS: 689 E. Big Bend, 19, Mo	22c. DATE SIGNED: 12/30/59
23a. BURIAL, CREMATION, REMOVAL (Specify): removal — 23b. DATE: Dec.30, 1959	23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS: M.J.Croghan 831 East Big Bend Webster Groves 19, Mo.	25. DATE RECD. BY LOCAL REG.: DEC 30 1959	26. REGISTRAR'S SIGNATURE: Carl Smith. M.D. G.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.