

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034061

FILED VS SEP 21 1960

STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Camden</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Adair Township</u> Length of stay in 1b <u>30 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 m NE Edwards</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE, <u>Missouri</u> b. COUNTY <u>Camden</u> c. CITY OR TOWN <u>Adair Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>10. M NE Edwards</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Monroe</u> Last <u>Waisner</u>			4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1960</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>9-12-1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u> Hours <u>27</u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Camden Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George Waisner</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Canfield Waisner</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. Cecil Waisner</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>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Mrs. Cecil Waisner RR 2 Edwards</u>		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>ACUTE CIRCULATORY FAILURE</u> DUE TO (b) <u>CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u> <u>5 YRS.</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <u></u> a.m. <u></u> p.m. Month, Day, Year <u></u>		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 <u>Camden</u> STATE <u>Mo.</u>			
21. I attended the deceased from <u>JAN., 10, 1957</u> to <u>AUG., 31, 1960</u> her saw him live on <u>AUG., 29, 1960</u> Death occurred at <u>about 8:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Depto or title) <u>Eusselby DO</u>			22b. ADDRESS <u>WARSAW, MO.</u>		22c. DATE SIGNED <u>9-2-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-2-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cemetery</u>		23d. LOCATION (City, town, or county) <u>Camden County, Mo</u>			
24. FUNERAL DIRECTOR <u>Reser Funeral Home Warsaw, Mo</u> ADDRESS <u></u>			25. DATE RECD. BY LOCAL REG. <u>Sept 2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>		

DOCUMENT

MEDICAL CERTIFICATION

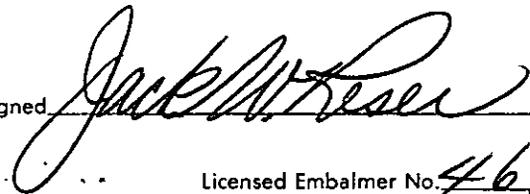
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 464-3

P. O. Address Marshall

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