

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002653

STATE FILE NUMBER

FILED VS. JAN 17 1961 297

Registration District No. _____ Primary Registration District No. 6022 Registrar's No. 6

AMENDED

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 2 days	c. CITY OR TOWN Camden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Ray County Memorial INSTITUTION Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Not Listed
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Robert Nelson Waller	4. DATE OF DEATH January 11, 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-30-1918	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.	11. BIRTHPLACE (City and state or country) Camden, Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Nelson Waller	13b. MOTHER'S MAIDEN NAME Bertha Clay Hardin	14. NAME OF HUSBAND OR WIFE Katherine Wallers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942-1945	16. SOCIAL SECURITY NO. 495-10-1502	17. INFORMANT Katherine Waller, Camden, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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
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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.)
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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 Richmond, Missouri	STATE
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21: I attended the deceased from May 1957 to 1-11-61 and last saw her ^{her} _{him} alive on 1-11-61 Death occurred at 8:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas D. Cook, M.D.	22b. ADDRESS Richmond, Mo	22c. DATE SIGNED 1/13/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-14-1961	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
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24. FUNERAL DIRECTOR ADDRESS Quest Life Funeral Home Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 1-13-1961	26. REGISTRAR'S SIGNATURE Malcolm Jackson
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 8 1961

JAN 24 1961

JUN 19 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 *George D. Giles*

Licensed Embalmer No. 4066

P. O. Address *Redwood*

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.