

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41398

State File No. ....

No. 300  
10-48

*Shurber*  
FILED DEC 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 569

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINDSOR</u>		c. LENGTH OF STAY (in this place) <u>1 house</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Section 222</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community HOSPT</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>X</u> c. (Last) <u>WAUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 9 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 2 1868</u>	9. AGE (In years last birthday) <u>83</u>	10. <input type="checkbox"/> UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Macon Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Josiah Haines</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Kingers</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES H WAUGH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Habron</u> ADDRESS <u>Section 222</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Right Kidney</u>		2 yr.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 2 1951, to Dec 9 1951, that I last saw the deceased alive on Dec 9 1951, and that death occurred at 8 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claude W. Shurber M.D.</u>		23b. ADDRESS <u>114 N Main Windsor Mo.</u>		23c. DATE SIGNED <u>12/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER CEM</u>	
DATE REC'D BY LOCAL REG <u>Dec-11-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		24d. LOCATION (City, town, or county) (State) <u>CHILL HAVEN MO</u>	
		423 FUNERARY DIRECTOR'S SIGNATURE <u>J E Combs</u>		ADDRESS <u>Clinton MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 17 1951 \_\_\_\_\_

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 \_\_\_\_\_  
Student Embalmer

Signed *J. E. Consalus*

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.