

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 70 0050622

DO NOT WRITE ON THIS STUB

9. 1
 10a. 33
 10b.
 11. 0
 12. 0
 13. 2509
 14.
 15. 4
 16.
 17.
 18. 0
 19. CREDITS
 20. 1-0

VS 300
 Rev. 1/70

4. 0941

5. 92

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Shirley Jean Waller</u>			<u>female</u>	<u>December 29, 1970</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>white</u>	5a. <u>33</u>	5b.	5c.	6. <u>Nov 14, 1937</u>	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. <u>Bonne Terre</u>			7b. <u>yes</u>		
7c. <u>DOA Bonne Terre Hospital</u>					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. <u>Missouri</u>		9. <u>USA</u>		10. <u>never married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12.		13a. <u>Not employed</u>		13b.	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
14a. <u>Missouri</u>		14b. <u>Francois</u>	14c. <u>Bonne Terre</u>		14d. <u>yes</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Glenwood Waller</u>		16. <u>Rowena Holmes</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>Rowena Waller</u>			17b. <u>218 N. Long St., Bonne Terre, Mo.</u>		

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) <u>Coronary occlusion</u>		(Inconclusive)
DUE TO, OR AS A CONSEQUENCE OF:		
(b) <u>Diabetes mellitus & vascular changes</u>		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I			AUTOPSY YES OR NO	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<u>Arteriosclerosis; Grand Mal Epilepsy</u>			<u>No</u>	<u>No</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER IN FULL OR SUMMARY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, etc. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.	20f.	20g.	20h. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE BODY, OR IN THE KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.	<u>2-25-69</u>	<u>12-29-70</u>	21c.	<u>12/11/70</u>	21d.	<u>I did.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	DATE OF DEATH	MONTH DAY YEAR	THE DECEASED WAS PRONOUNCED DEAD	MONTH DAY YEAR	HOUR	
22a.	<u>7:00 PM</u>	<u>12-29-70</u>	22b.	<u>12-29-70</u>	<u>7:00 PM</u>	
CERTIFIER (NAME (TYPE OR PRINT))	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>Stanley L. Hardy</u>	<u>Stanley L. Hardy</u>		<u>MD</u>	<u>12-30-70</u>		
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23b.	<u>Desloge, Mo</u>		<u>Desloge, Mo</u>	<u>Mo</u>	<u>63628</u>	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. <u>Burial</u>	24b. <u>Marvin Chapel</u>	24c. <u>Bonne Terre, Mo.</u>		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>Jan 1, 1971</u>	24e. <u>C.Z. Boyer & Son, 313 Benham St., Bonne Terre, Mo.</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>S.T. Boyer</u>	25b. <u>Cather Mathews</u>	25c. <u>Dec. 30, 1970</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 *Paulie T. Boyer*

Licensed Embalmer No. 5117

P. O. Address *Some Town, 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.