

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5799

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BIRTH NO.		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY PUTNAM					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE Mo		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIVONIA Mo					
d. FULL NAME OF HOSPITAL OR INSTITUTION UNIONVILLE Mo				d. STREET ADDRESS (If rural, give location) VILLAGE-OF-LIVONIA Mo					
3. NAME OF DECEASED (Type or Print) EDMOND		a. (First)		b. (Middle) WAGGENER		c. (Last)			
4. DATE OF DEATH FEB-10-1949		(Month)		(Day)		(Year)			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY-15-1872			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 8		IF UNDER 1 YEAR Day 25		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Mo.			
12. CITIZEN OF WHAT COUNTRY? KNOX-CO			13a. FATHER'S NAME EDMOND WAGGENER		13b. MOTHER'S MAIDEN NAME MARY ANN ADAMS		14. NAME OF HUSBAND OR WIFE TINA BELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EARL McCLELLAN					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transquilated, inguinal hernia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Original hernia 2 1/2 years DUE TO (c) 11/50 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis & Hypertension 2 years						INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 30, 1947, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Chas Dodd (Degree or title)				23b. ADDRESS 2002 - Livonia Mo		23c. DATE SIGNED 2-11-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-13-49		24c. NAME OF CEMETERY OR CREMATORY St John		24d. LOCATION (City, town, or county) (State) Country			
DATE REC'D BY LOCAL REG. 2-17-49		REGISTRAR'S SIGNATURE Maxwell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE Husted		ADDRESS 2002 - Livonia Mo			

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

17X101-1

RECEIVED

District Health Officer No. 1

District File Number 2493

FEB 23 1949

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.

Signed J. O. Husted

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

Licensed Embalmer No. 2975

P. O. Address Unionville, N.C.

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.