

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22537

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 176	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		a. STATE Missouri		b. COUNTY Audrain 11	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 1321 E. Monroe St.		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital 1				d. STREET ADDRESS (If rural, give location) 1321 E. Monroe St.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) GEORGE		b. (Middle) ROSS		c. (Last) WAGNER		July 11, 1949	
Male D		White		Married		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Aug. 5, 1901		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Sup't.		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Sup't.		10b. KIND OF BUSINESS OR INDUSTRY Refractories		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ross R. Wagner		13b. MOTHER'S MAIDEN NAME Laura Stausberg		14. NAME OF HUSBAND OR WIFE Madelyn Wagner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 323-01-8402		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mdelyn Wagner, Mexico, Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		Primary Cortical Adrenal				19 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				195X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 Mexico, 1949, to July 11 1949 that I last saw the deceased alive on July 9, 1949, and that death occurred at 5:20 A.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. C. M. Wiegand, D.		23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 7/10/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service Columbia, Mo.	
DATE REC'D BY LOCAL REG. July 12, 49		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service Columbia, Mo.			

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

RECEIVED
JUN 18 1949
District Health Officer No. 9,
District File Number

MS. MAY 12 1959

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.....
Student Embalmer

Signed Tom M. Harg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.