No. 300
10.48

FILED OCT 31 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

33114

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1164

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

**1. PLACE OF DEATH**
a. COUNTY: BuchANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 FULKERSON

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PLATTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW MARKET 83
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): IDEL
c. (Last): WAGERS

**4. DATE OF DEATH** (Month) (Day) (Year): OCT 24 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN 21, 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: MARION BURGE
13b. MOTHER'S MAIDEN NAME: ELVIRA YOUNG
14. NAME OF HUSBAND OR WIFE: JOHN WAGERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME: Clemmie Wagers — ADDRESS: New Market

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ~~10/2~~ 1 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis — 5 years.
DUE TO (c): — 3 [illegible]

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Gangrene (Arteriosclerotic) of right leg — 4 weeks.

19a. DATE OF OPERATION: Oct 11, '49
19b. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrene of rt foot, leg - Amputated
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 26, 1949, *to* Oct 18, 1949, *that I last saw the deceased alive on* Oct 18, 1949, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McDaniel, DMD
23b. ADDRESS: 902 Edmond St. St. Joseph, Mo
23c. DATE SIGNED: 10/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: NEW MARKET
24d. LOCATION (City, town, or county) (State): NEW MARKET MO

DATE REC'D BY LOCAL REG.: Oct 25, 1949
REGISTRAR'S SIGNATURE: G. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W. R. Vaughn, Dearborn MO

(Licensed Embalmer's Statement on Reverse Side)

## 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 W. R. Vaughn

Licensed Embalmer No. 4823

P. O. Address Weston, 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.