

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 39399
Registrar's No. 10368

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) N. W. 517 Yarnell Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3956 McRee			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) R. c. (Last) Wagoner		4. DATE OF DEATH (Month) (Day) (Year) 11-30-49	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH May 23, 1879	9. AGE (In years) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Childrens HOME	11. BIRTHPLACE (State or foreign country) Franklin County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wagoner	13b. MOTHER'S MAIDEN NAME Abigail Lewis	14. NAME OF HUSBAND OR WIFE Iva Frost Wagoner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Iva F. Wagoner	ADDRESS 517 Yarnell Rd.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Lip DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H. 50
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none 191X
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22. I hereby certify that I attended the deceased from Oct 1949, to 11/30, 1949, that I last saw the deceased alive on 11/29, 1949, and that death occurred at 3:19 p.m., from the causes and on the date stated above.

23a. SIGNATURE Preston C. Hall (Degree or title)	23b. ADDRESS 3902 Lafayette	23c. DATE SIGNED 11-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-2-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Grubville, Missouri
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DATE REC'D BY LOCAL REG. DEC 1 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 Edna R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.