

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40337

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>445</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Liberty)</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, Dexter</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u>			b. (Middle) <u>Elmer</u>		c. (Last) <u>Waggoner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24, 1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Lynn Waggoner</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cordrey</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Waggoner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Waggoner, Dexter, Mo.</u>				
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>Unknown</u> <u>33 W</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11-25, 1949</u> to <u>11-26, 1949</u> , that I last saw the deceased alive on <u>11-25, 1949</u> and that death occurred at <u>2:00</u> a.m., from the cause and on the date stated above.								
23a. SIGNATURE <u>J. W. Florida M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>11-28-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sycamore Grove</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. #3, Dexter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 6-1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey</u> <u>Dexter, Mo.</u>				

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

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7  
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DEC 13 REED

1249-454

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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 \_\_\_\_\_

*J. E. Stuckert*

Licensed/Embalmer No. 3479

P. O. Address *Nextor, 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.