

FILED AUG 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26270

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY Butler 0120		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley c. LENGTH OF STAY (In this place) 27 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Wagster			4. DATE OF DEATH (Month) (Day) (Year) 7-13-51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 10, 1889	9. AGE (In years last birthday) 62	10. IF UNDER 28 HRS. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W.C. Wagster		13b. MOTHER'S MAIDEN NAME Mary Blake		14. NAME OF HUSBAND OR WIFE	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 156 A		

19a. DATE OF OPERATION 2 Weeks		19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver (2nd stage)		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 **3 April, 1951**, to **13 July, 1951**, that I last saw the deceased alive on **2 June, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W.D. Brookrears MD (Degree or title)		23b. ADDRESS 321 1/2 Poplar Bluff Mo		23c. DATE SIGNED July 5	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-51		24c. NAME OF CEMETERY OR CREMATORY Brown's Chapel	
24d. LOCATION (City, town, or county) Broseley		24e. STATE Mo			
DATE REC'D BY LOCAL REG. Aug 6 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Rayd Russell ADDRESS Pygott Ark.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 15 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-368

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No.

509 aut

P. O. Address

Piggott, aut.

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.