

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12772**

APR 22 1952

BIRTH NO. _____ REG. DIST. NO. **143** PRIMARY REG. DIST. NO. **42 32** Registrar's No. **9**

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHUS b. (Middle) _____ c. (Last) WAGNER			4. DATE OF DEATH April 10, 1952 (Month) (Day) (Year)		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 11, 1884		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 24 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Wagner		13b. MOTHER'S MAIDEN NAME Nancy Marrs		14. NAME OF HUSBAND OR WIFE Delia Wagner	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Delia Wagner Willow Springs, Mo. ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Coronary, severe longstanding ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensation, Myocardial Infarct 2 1/2 hrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **8/11, 1951**, to **4/8, 1952**, that I last saw the deceased alive on **4/8, 1952**, and that death occurred at **11:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Terhine, M.D. (Degree or title)		23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 4/14/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/13/52		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
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DATE REC'D BY LOCAL REG. April 19, 1952		REGISTRAR'S SIGNATURE 381-0 Marshall Ballard		25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home Willow Springs, ADDRESS _____	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Fred W. Barnes

Signed Fred W. Barnes

Signed.....

Student Embalmer

Licensed Embalmer No. 4614

P. O. Address. Willow Springs, 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.