

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34425

State File No.

No. 300
10. 48
OCT 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Carroll</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne Mo</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Carroll</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne Mo</u>		d. STREET ADDRESS (If rural, give location) <u>223 East 5th Street</u>		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 East 5th Street</u>				d. STREET ADDRESS (If rural, give location) <u>223 East 5th Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Eliza</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Wagaman</u>	(Month) <u>Oct</u>	(Day) <u>14</u>	(Year) <u>1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 2-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Pooler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Masby</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Wagaman</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>				<u>1 year</u>	
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4222</u>	
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) (Min.)		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>3-1-</u> , 19 <u>52</u> , to <u>10-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-14-</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. C. Carr</u>			23b. ADDRESS <u>Mo</u>			23c. DATE SIGNED <u>10-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 16-1952</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Deitch</u>		ADDRESS <u>Norborne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1170

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 John G. Ditch.....

Licensed Embalmer No. 3654.....

P. O. Address Northone 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.