

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37602**

No. 300  
10-48

FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>	
c. LENGTH OF STAY (In this place) <b>50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1706 Mill St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Wagaman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1952</b>
--	-----------------------	--------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 18, 1884</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	11. BIRTHPLACE (State or foreign country) <b>Dade County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>						

13a. FATHER'S NAME <b>L. B. Higgins</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Taylor</b>	14. NAME OF HUSBAND OR WIFE <b>Ed Wagaman</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ed Wagaman, Lamar, Mo.</b>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>  <b>years</b>  <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sanguine of Foot</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b> DUE TO (c) <b>Pneumonia</b>		
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 <b>260 X</b>	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 **April 6, 1950**, to **Dec. 12, 1952**, that I last saw the deceased alive on **Dec. 12, 1952**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. M. Arnold M.D.</b>	23b. ADDRESS <b>Lamar, Missouri</b>	23c. DATE SIGNED <b>12-12-52</b>
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 15, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamar, Mo.</b>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-13-53</b>	REGISTRAR'S SIGNATURE <b>Morie Korovitz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clarence H. Gile</b>	ADDRESS <b>Lamar Mo</b>
--	---	--	-------------------------

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

361  
1

X

*Dr. Arnold*

**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 *Clarence W. Child*

Licensed Embalmer No. *3473*

P. O. Address *Lamar*

**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.