

DEC 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. **43065**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5938** Registrar's No. **231**

5810

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arlington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arlington	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Jerome 2812	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jerome			

3. NAME OF DECEASED a. (First) Mary		b. (Middle) Alice		c. (Last) Wagoner		4. DATE OF DEATH (Month) (Day) (Year) 12 17 1952							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/25/1884		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 3 Days 18		IF UNDER 11 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Berry Hance			13b. MOTHER'S MAIDEN NAME Dora Allison			14. NAME OF HUSBAND OR WIFE Charles Wagoner		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Wagoner, Jerome, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Endocarditis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza virus							
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignancy on forehead.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481xH						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)			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 **Dec. 14, 1952**, to **Dec. 16, 1952**, that I last saw the deceased alive on **Dec. 16, 1952**, and that death occurred at **12:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Milligan, D.O.			23b. ADDRESS Missouri Mo			23c. DATE SIGNED 12/18/52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/19/1952		24c. NAME OF CEMETERY OR CREMATORY Goodall Cemetery		24d. LOCATION (City, town, or county) Arlington, Missouri			
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DATE REC'D BY LOCAL REG. Dec. 18, 1952		REGISTRAR'S SIGNATURE Nadine L. Stoll			380			25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Fred N. Blumenthal		
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(Licensed Embalmer's Statement on Reverse Side)

County File Number

Date Filed

12-23-52

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

working under my personal supervision.

Student Embalmer No.

Signed *Maurice E. Schierbaum*

Signed
Student Embalmer

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.