

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8923

State File No.

FILED APR 14 1953

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>420</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>618 Corby Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 Corby Street</u>				d. STREET ADDRESS (If rural, give location) <u>618 Corby Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vietta</u>			b. (Middle) <u>Lord</u>		c. (Last) <u>Wagner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3, 1953</u>	
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 26 1889</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 5 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Henry Harrison Lord</u>			13b. MOTHER'S MAIDEN NAME <u>Vietta Coles</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Wagner</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 (488-14-2962 NO.) <u>488-14-2962 NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Milum</u>		ADDRESS <u>St. Joseph Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 days</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 <u>4201</u>				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) m.		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>3-18</u> , 19 <u>53</u> , to <u>4-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>53</u> , and that death occurred at <u>9:15</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Jewel Rosenthal M.D.</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>4-4-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>			
DATE REC'D BY LOCAL REG. <u>April 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stammy Funeral Home</u>		ADDRESS <u>St. Joseph Mo.</u>		

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

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

Charles E. Bennett

Signed

Student Embalmer

Licensed Embalmer No. *14677*

P. O. Address *St Joseph 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.