

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22537**

FILED JUN 17 1953

S. No. 300
V. 10-48

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

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Pulaski				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 town) Waynesville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Jerome		D&D	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)		c. (Last) Wagoner		4. DATE OF DEATH (Month) June (Day) 4 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 16, 1880	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 100 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Newburg, MO		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Isaac Wagoner			13b. MOTHER'S MAIDEN NAME Lucinda		14. NAME OF HUSBAND OR WIFE Alice Hance		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ben Wagoner ADDRESS Jerome Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					10 yrs
		DUE TO (c) Arteriosclerosis					10 yrs
		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 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6/1 , 19 53 , to 6/4 , 19 53 , that I last saw the deceased alive on 6/4 , 19 53 , and that death occurred at 3:00P m., from the causes and on the date stated above.							
23a. SIGNATURE R. Odewitt (Degree or title) D.O.				23b. ADDRESS Waynesville, Mo		23c. DATE SIGNED 6/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Goodall Cemetery		24d. LOCATION (City, town, or county) (State) Arlington, Mo.		
DATE REC'D BY LOCAL REG. 6-6-53		REGISTRAR'S SIGNATURE Charles J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Fred N. Gilbert		ADDRESS Waynesville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-6-53
Pulaski County Health Officer
File Number
Date Filed 6-13-53

JAN 6 1956

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 _____

64153

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred H. Dickens

Licensed Embalmer No. 2348

P. O. Address Arion 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.