

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19936

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 2054 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. # 1</u>	
c. LENGTH OF STAY (In this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Clarksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>A.</u> c. (Last) <u>Wamsley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/4/1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James A. Wamsley</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Butts</u>		14. NAME OF HUSBAND OR WIFE <u>Ora</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME, #1 ADDRESS <u>Mr. Albert Wamsley, Clarksville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intestinal hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>probable gastric cancer</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 6-8-1953, to 6-17-1954, that I last saw the deceased alive on 6-16-1954, and that death occurred at 2:20a pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Hooper, M.D.</u>		23b. ADDRESS <u>Clarksville, Missouri</u>		23c. DATE SIGNED <u>6-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clarksville, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>June 19, 1954</u>		REGISTRAR'S SIGNATURE <u>Bernice Callender</u>		FUNERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u>		ADDRESS <u>Louisiana, Mo.</u>	
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(Licensed Embalmer's Statement of Reverse Side)

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

JUL 7 1954

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, George O. Hagner

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George O. Hagner
Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.