

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1954

State File No. **40219**

BIRTH NO. 20945-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1346

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		f. STREET ADDRESS (If rural, give location) 6524 Sherman St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) K. c. (Last) Waggoner			4. DATE OF DEATH (Month) (Day) (Year) December 23, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 14, 1954	9. AGE (In years last birthday) 8 <small>IF UNDER 1 YEAR</small> 9 <small>MONTHS</small> <small>IF UNDER 2 HRS.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Waggoner	13b. MOTHER'S MAIDEN NAME Jenny Trammell	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Samuel Waggoner, 6524 Sherman, St. Joseph, Mo. ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchopneumonia		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bi-lateral Otitis Media		3 days
DUE TO (c) Acute Diarrhoea		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Baby was pronounced dead on arrival at the St. Joseph Hospital		5710	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hospital	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)
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 ^{viewed} the deceased from on 12/23/1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 12/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/1954	24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	24d. LOCATION (City, town, or county) (State) Fillmore, Missouri
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DATE REC'D BY LOCAL REG. Dec 28, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

3

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.....
Signature of Student Embalmer

Signed *Eugene Wood*.....
Licensed Embalmer No. *380*.....
P. O. Address *319 So 16th St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.