

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40767

State File No.

BIRTH NO. 975 95-54 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>	
c. LENGTH OF STAY (In this place) <u>3 hours</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS of the OZARKS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEBRA</u> b. (Middle) <u>SUE</u> c. (Last) <u>WAGGANER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>NOV. 14, 1954</u>		9. AGE (In years last birthday) <u>—</u> Months <u>—</u> Days <u>—</u> Hours <u>3</u> Min. <u>—</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>IRONTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DELBERT WAGGANER</u>		13b. MOTHER'S MAIDEN NAME <u>EMOGENE COOK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DELBERT WAGGANER, R3, Fredericktown, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital atelactasis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature birth (22 wks)</u>					
		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>7625</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) (Min.)		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 11-14-54, 1954, to 11-14, 1954, that I last saw the deceased alive on 11-14, 1954, and that death occurred at 9:54 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. E. Harland, M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>11/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLUBB CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY MO.</u>			

DATE REC'D BY LOCAL REG. <u>12/15/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Dajin Jr., Fredericktown, Mo.</u>	
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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 ^{NOT} embalmed by me, or by _____

~~Student Embalmer No.~~ _____

~~working under my personal supervision.~~

Student _____
~~Student Embalmer~~

Signed _____

Sam Sajin Jr

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.