

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18249

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		c. CITY OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>2 months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>1257 E Delmar</b>	
3. NAME OF DECEASED (Type or Print) <b>LENA</b>		a. (First) <b>LENA</b>	
b. (Middle) <b>WAGNER</b>		c. (Last) <b>ANGERSBACH</b>	
4. DATE OF DEATH <b>June 25 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
5. SEX <b>Female</b>		8. DATE OF BIRTH <b>June 15, 1859</b>	
6. COLOR OR RACE <b>White</b>		9. AGE (In years last birthday) <b>96</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Dresden, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Julius Wagner</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Kress</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. C. Graves, Springfield, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalomalacia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of the brain</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	
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"/>	
22. I hereby certify that I attended the deceased from <u>Jan. 21, 1955</u> , to <u>6/25, 1955</u> , that I last saw the deceased alive on <u>June 13, 1955</u> , and that death occurred at <u>12:30P m.</u> , from the causes and on the date stated above.		22. HOW DID INJURY OCCUR?	
23a. SIGNATURE (Degree or title) <b>Louise R. Williams, M.D.</b>		23b. ADDRESS <b>609 Cherry St., Springfield,</b>	
23c. DATE SIGNED <b>6/27/55</b>		24. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeyer, Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-28-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williams</b>	

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

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**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..... *Bernard F. Wang*

Licensed Embalmer No. *4727*

P. O. Address *Springfield*

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.