

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18434

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSP.		d. STREET ADDRESS (If rural, give location) 724 W. ALLEN ST.	

3. NAME OF DECEASED (Type or Print) GEORGE WILLIAM WACKERMAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1955		
a. (First)		b. (Middle)		c. (Last)	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 2, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 15	Hours 15	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TEL. CO. EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) HENRY CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME WILLIAM W. WACKERMAN		13b. MOTHER'S MAIDEN NAME CLARA SUSAN IRICK		14. NAME OF HUSBAND OR WIFE ROSA WACKERMAN	
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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. 490-05-8652		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Wackerman, Clinton, Mo.		ADDRESS 724 W. ALLEN ST.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia				INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491X					
		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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from June 2, 1955, to 17 June, 1955, that I last saw the deceased alive on 16 June, 1955, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 18 June 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 19 - 55		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) CLINTON, MO.	
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DATE REC'D BY LOCAL REG. June 18 - 1955		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Vassant, Clinton, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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
Student Embalmer

Signed W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.