

## STANDARD CERTIFICATE OF DEATH

State File No. **34060**

FILED NOV 10 1955

BIRTH NO.		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>318</b>		
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Ball</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (If in hospital or institution) <b>17 days</b>		c. CITY OR TOWN <b>Vandalia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth's Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>5 mi NW Vandalia</b> <b>0870</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Vester</b> c. (Last) <b>Wasson</b>			4. DATE OF DEATH <b>Oct 10, 1955</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER-MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 23, 1888</b>		9. AGE (In years last birthday) <b>67</b>		10. IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock &amp; Grain</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ball County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Harrison Wasson</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Lowe Wasson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Emma Wasson</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>4994407800</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Emma Wasson Vandalia, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Stomach</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>implants in small bowel, cecum</b> DUE TO (c) <b>transverse colon, retroigmoid</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obstruction transverse colon</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3-4 weeks</b> <b>151X</b> <b>2 weeks</b>		
19a. DATE OF OPERATION <b>9/25/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Multiple adenocarcinoma c obstruction transverse colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?		
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"/>						
22. I hereby certify that I attended the deceased from <b>9/5, 1953</b> , to <b>10/10/55</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10/10/55</b> and that death occurred at <b>4:30 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Ernest Perone MD</b>				23b. ADDRESS <b>Vandalia Mo</b>		23c. DATE SIGNED <b>10/11/55</b>		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 12, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>10-24-55</b>		REGISTRAR'S SIGNATURE <b>Wm. B. Waters</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wm. B. Waters</b>		ADDRESS <b>Vandalia, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 26 1955  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 26 1955

7933

---

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 *William B. Gates*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.