

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1962**BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5709** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give TOWNSHIP) Stella, (Rural) c. CITY (If outside corporate limits, write RURAL and give township) OR Stella, (Rural) OR Stella, (Rural) TOWN Stella, (Rural) TOWN Stella, (Rural)		d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1. e. STREET ADDRESS (If rural, give location) Route 1.	

3. NAME OF DECEASED a. (First) Joe b. (Middle) Charles c. (Last) Wasson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 10, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) McDonald Co. Missouri	

12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joe Wasson		13b. MOTHER'S MAIDEN NAME Evelyn Bell		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Wasson, Stella, Mo.			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic heart failure					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33IX				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **2-5-1956**, to **2-6-1956**, that I last saw the deceased alive on **2-5-1956**, and that death occurred at **5:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Randal G. Ocha, M.D.		23b. ADDRESS Wheaton, Mo.		23c. DATE SIGNED 2-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/8/56		24c. NAME OF CEMETERY OR CREMATORY Indian Springs Cem.		24d. LOCATION (City, town, or county) (State) 4 miles east of Goodman, Mo.	

DATE REC'D BY LOCAL REG. 2-11-56		REGISTRAR'S SIGNATURE Mayne Humphreys		25. FUNERAL DIRECTOR'S SIGNATURE Papp Funeral Home, Goodman, Mo.		ADDRESS 1710	
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(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Carl Repp

Licensed Embalmer No.

3458

P. O. Address

Anderson, 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.