

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6052

State File No.

| | | | | | | | |
|--|--|--|---|--|--|---|--|
| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>316</u> | | PRIMARY REG. DIST. NO. <u>6075</u> | | Registrar's No. <u>76</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Francois Twp. No. 17</u> | | c. LENGTH OF STAY (in this place) <u>9M; 26d.</u> | | c. CITY OR TOWN <u>Fredericktown</u> | | 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: <u>Missouri State Hospital No. 1</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Unknown</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>TRYING</u> c. (Last) <u>WAGNER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1956</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>9-23-1897</u> | |
| 9. AGE (In years last birthday) <u>58</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Gravelton, Missouri</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Gravelton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |
| 13a. FATHER'S NAME <u>Luther M. Wagner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary B. Whitener</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Never Married</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 <u>Records, State Hospital No. 1, Farmington, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Dementia Praecox Psychosis.</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hours.</u> <u>Unknown.</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>490x</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 <u>Feb. 21, 1956</u> , to <u>Feb. 21, 1956</u> that I last saw the deceased alive on <u>Feb. 21, 1956</u> and that death occurred at <u>5:55p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u> | | | 23b. ADDRESS <u>State Hospital No. 1, Farmington, Mo.</u> | | | 23c. DATE SIGNED <u>2-21-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 23, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Gravelton Lutheran Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb. 21, 1956</u> | | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adanson Funeral Home, Fredericktown, Mo.</u> | | | |

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.....
Signature of Student Embalmer

Signed.....
F. Adamson

Licensed Embalmer No. 4357

P. O. Address FREDERICK

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.