

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26391**

FILED AUG 20 1956.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>240</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>518 1/2 Jefferson St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 1/2 Jefferson St.</u>				d. STREET ADDRESS (If rural, give location) <u>518 1/2 Jefferson St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Edward</u> b. (Middle) <u>Wagner</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1911</u>		9. AGE (In years last birthday) <u>44</u>	10. MONTHS <u>9</u>	11. DAYS <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Christ Wagner</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Wagner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-09-4047</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Wagner</u> ADDRESS <u>Jefferson City, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. 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"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>8/14/56</u> , to <u>8/14/56</u> , that I last saw the deceased alive on <u>8/14/56</u> , and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>David Baker MD</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>8/15/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>15 Aug 1956</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher Jr.</u>		ADDRESS <u>Jefferson City, Mo.</u>		

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

680

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

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.