

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36755**

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **92**

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN Rural (Liberty) c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN Rural Duck Creek 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 Davis Hospital		e. STREET ADDRESS (If rural, give location) Route 2 Puxico Mo 1030	
3. NAME OF DECEASED (Type or Print) a. (First) Sybil b. (Middle) I. c. (Last) Wagner		4. DATE OF DEATH (Month) (Day) (Year) Oct 5 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 28 1909
9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 14 HRS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Advance Mo
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME L. W. Spears		13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE Herman Wagner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Wagner Puxico 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Carcinoma INTERVAL BETWEEN ONSET AND DEATH 10 H ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Lesion Cecum 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 checked="" 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) 153x	
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?	
22. I hereby certify that I attended the deceased from 9-27 1956 , to Oct 5, 1956 , that I last saw the deceased alive on 10-5 , 1956, and that death occurred at 2:15 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. S. Davis M.D.		23b. ADDRESS Depton, Mo	23c. DATE SIGNED 10-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6 - 1956	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Puxico Mo
DATE REC'D BY LOCAL REG. 10-18-56	REGISTRAR'S SIGNATURE Delma D. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn Morgan Puxico Mo	

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..... *Wm H. Mayan*
Licensed Embalmer No. *4640*
P. O. Address..... *Advance, Va*

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.
 this body is not embalmed, fact should be so stated above.