

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 3 1 3
State File No.

FILED JUN 25 1957

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6212 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bacon Twp.</u> c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Schell City</u>	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 <u>At home</u>		e. STREET ADDRESS (If rural, give location) <u>Bacon Township 108⁰⁰</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u>	b. (Middle) <u>Wagner</u>	c. (Last) <u>DuBois</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1957</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>August 21, 1887</u>
9. AGE (In years last birthday): <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Box maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reading, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Morris DuBois</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Georgia Clark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>510-05-9687</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Shane Schell City, Mo.</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u>		
	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 <u>none performed</u>	20. AUTOPSY? <u>2</u> 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)	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 Jan 15, 1951, to June 17, 1957, that I last saw the deceased alive on June 12, 1957, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. Birke, P.O. 2</u>	23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>6/18/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>
24d. LOCATION (City, town, or county) (State) <u>37th State Ave Kansas City, Kans.</u>	DATE REC'D BY LOCAL REG. <u>6-22-57</u> REGISTRAR'S SIGNATURE <u>Anne & Perry</u> FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> ADDRESS <u>Schell City, Mo.</u>	

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

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JUN 26 1957

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..... *John G. Lewis*

Licensed Embalmer No. *477*

P. O. Address *Schell Co*

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.