

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021424

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 101

| | | | | | | | | | | | | | |
|--|--|--|--|---|---|--|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Inside-Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | c. CITY OR TOWN <u>Kennett Mo.</u> | | 0352 Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u> | | | Length of stay in lb <u>6 Days</u> | | d. STREET ADDRESS <u>109 Jones St</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Claud</u> Middle <u>Mable</u> Last <u>Wagster</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>1st</u> Year <u>1958</u> | | | | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Mar. 12- 1899</u> | | 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | | 11. BIRTHPLACE (City and state or country) <u>Kennett Mo. Rt. 1</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |
| 13. FATHER'S NAME <u>Robert Wagster</u> | | | | | 14. MOTHER'S MAIDEN NAME <u>Ella (Unknown) Cates</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>499-01-9915</u> | | 17. INFORMANT <u>Cecil Wagster</u> | | | Address <u>Kennett Mo.</u> | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>+ Pulmonary embolism</u> DUE TO (c) <u>4001</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Laceration of knee (may 14) from fall</u> | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u> | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>May 14</u> to <u>June 1</u> and last saw ^{him} <u>him</u> alive on <u>June 1</u> Death occurred at <u>10.10P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>C. A. Peck</u> M.D. | | | | | 22b. ADDRESS <u>Kennett Mo.</u> | | | 22c. DATE SIGNED <u>7-1-58</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>6-4-58</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u> | | | 23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u> | | | | | | |
| 24. FUNERAL DIRECTOR <u>Lentz Service</u> ADDRESS <u>Kennett Mo.</u> | | | | | 25. DATE RECD. BY LOCAL REG. <u>July 1-1958</u> | | | 26. REGISTRAR'S SIGNATURE <u>Cecil Wagster</u> | | | | | |

Health, Welfare, Public Service
300-1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
90

JUL 24 1958

JUL 16 1958

DEPARTMENT

7-8-58

COUNTY FILE NUMBER

908

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar B. ...*

Licensed Embalmer No. 4433

P. O. Address Kennett M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.