

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028584
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		c. CITY OR TOWN RR #1 Kearney, Mo	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hospital		d. STREET ADDRESS (If outside, give location) 3 mile west Kearney, Mo	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE MELVIN WAGY		4. DATE OF DEATH Month Day Year August 25, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 12, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Adams Co, Illinois
13a. FATHER'S NAME William Wagy		13b. MOTHER'S MAIDEN NAME DON'T KNOW	14. NAME OF HUSBAND OR WIFE Mattie Y. Wagy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Lewis T. Wagy, RR #1, Kearney, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arterial Degeneration DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 6:30 July 10, 1939 and last saw ^{her} him alive on Aug 25, 1958 Aug 25, 1958 (in part the date stated above; and to the best of my knowledge, from the causes stated.)			
22a. SIGNATURE W. P. Shelton M.D. (Degree or title)		22b. ADDRESS Smithville Mo	22c. DATE SIGNED 8/25/58 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-27-58	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) Kearney, Missouri
24. FUNERAL DIRECTOR Fry Funeral Home, Kearney, mo.		25. DATE RECD. BY LOCAL REG. 8-26-58	26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 Ralph Van Landingham
 Licensed Embalmer No. 4009
 P. O. Address Spring, 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 Ralph Van Landingham
Licensed Embalmer No. 4009
P. O. Address Spring, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.