

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031359

FILED VS SEP 14 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 363 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 27 hrs.	c. CITY OR TOWN LEWISTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXX Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) EMMA First MARY Middle WAGNER Last	4. DATE OF DEATH Month SEPTEMBER Day 8 Year 1960
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5. SEX FEMALE	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 9/23/74	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) QUINCY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME PHILLIP KAISER	13b. MOTHER'S MAIDEN NAME MARY HARTUNG	14. NAME OF HUSBAND OR WIFE CHARLES WAGNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXX	17. INFORMANT CLARA FEATHERINGILL, QUINCY, ILL. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 day
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral vascular occlusion	
	DUE TO (c) Dehydration and malnutrition	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	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
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21. I attended the deceased Trans. on 9/8/60 to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. J. Fischer, M.D. (Degree or title)	22b. ADDRESS 2910 St. Marys Ave., Hannibal, Mo.	22c. DATE SIGNED 9/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/10/60	23c. NAME OF CEMETERY OR CREMATORY WOODLAND	23d. LOCATION (City, town, or county) (State) QUINCY, ILLINOIS
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24. GENERAL DIRECTOR Charles L. Arnold ADDRESS LEWISTOWN, MO.	25. DATE RECD. BY LOCAL REG. 9/9/60	26. REGISTRAR'S SIGNATURE St. E. M. Lucke by Lillian M. Akerman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MI

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.