

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

4972-60-035097
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>22 yr.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>				d. STREET ADDRESS (If outside, give location) <u>3601 Thompson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Ruth</u> Last <u>Wagner</u>				4. DATE OF DEATH Month <u>9</u> Day <u>30</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 31-1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hilber Union</u>		11. BIRTHPLACE (City and state or country) <u>Camdellton Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Harry</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Stevens</u>		14. NAME OF HUSBAND OR WIFE <u>Charles E. Wagner</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>49-09-5449</u>		17. INFORMANT <u>Elmer Harry St. Joseph, Missouri</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>Cardiac Decompensation</u> Interval BETWEEN ONSET AND DEATH <u>1 week</u> DUE TO (b) <u>Hypostatic pneumonia</u> <u>3 days</u> DUE TO (c) <u>Esophageal and Gastric hemorrhage</u> <u>1 week</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gastric Ulcer</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 _____ 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	
21. I attended the deceased from <u>1957</u> , to <u>9/30/60</u> and last saw her/him alive on <u>9/30/60</u> - Death occurred at <u>4:20 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Edmund St. Joseph</u>				22b. ADDRESS <u>3011A Dupont Ave.</u>		22c. DATE SIGNED <u>9/30/60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-3-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem</u>		23d. LOCATION (City, town, or county) <u>K.C., Mo.</u>	
24. FUNERAL DIRECTOR <u>C.H. Blackman + Son Inc. K.C. Mo</u>				25. DATE RECD. BY LOCAL REG. <u>10-3-60</u>		26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edmond St. Joseph

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 W.C. Reine

Licensed Embalmer No. 4879

P. O. Address N.C., 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.