

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017848

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2249 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 9 yrs.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION LITTLE SISTERS 533 Highland Ave. Poor Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Ks b. COUNTY LEAVENWORTH
 c. CITY OR TOWN Leavenworth Inside Limits Yes No
 d. STREET ADDRESS RR#3. (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
DAISY ELLEN WAGER
 4. DATE OF DEATH Month Day Year
MAY 5, 1961
 5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Feb. 8, 1874 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City, town, or country) LEAVENCO. KS 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME MORTIMER PAT TEE 13b. MOTHER'S MAIDEN NAME MELVINA MORGAN 14. NAME OF HUSBAND OR WIFE LEONARD WAGER

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. None 17. INFORMANT Kenn Wager Address Tonganoxie

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Infection INTERVAL BETWEEN ONSET AND DEATH 3 hrs
 DUE TO (b) Arteriosclerosis 2 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 3/19/51 to 5/5/61 and last saw her alive on 5/5/61
 Death occurred at Riverview on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Fogarty (Degree or title) NO 22b. ADDRESS 402 1/2 Hawthorn Dr. Tonganoxie Mo 22c. DATE SIGNED 5/5/61

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) CREMATION 23b. DATE MAY 8, 1961 23c. NAME OF CEMETERY OR CREMATORY EAGLE Cemetery 23d. LOCATION (City, town, or county) (State) NEAR JARBALG, KANSAS

24. FUNERAL DIRECTOR Quisenberry Funeral Home ADDRESS Tonganoxie, Mo 25. DATE REGD. BY LOCAL REG. 5-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty

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

C. Hewey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Tanganote N

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.