

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048876

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Nodaway</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COUNTY <p style="text-align: center;">Missouri Nodaway</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">Maryville</p>		c. CITY OR TOWN <p style="text-align: center;">Maryville</p>	
Length of stay in 1b <p style="text-align: center;">12 hours</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Francis Hospital</p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">301 West 8th</p>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <p style="text-align: center;">OTIS M. WAGNER</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center;">12 7 63</p>		
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">11/23/1900</p>	9. AGE (last birthday) <p style="text-align: center;">63</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer - Retired</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Own account</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Nodaway Co., Mo.</p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>
13a. FATHER'S NAME <p style="text-align: center;">Nicholas Wagner</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Katie Smith</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Wagner Mary Hornbuckle</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <p style="text-align: center;">no</p>			16. SOCIAL SECURITY NO. <input type="checkbox"/>		
17. INFORMANT <p style="text-align: center;">Mrs. Mary Wagner, Maryville, Mo.</p>			Address		

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>Hypertrophic Myocarditis & Decompensation. Induced</u> <u>Progressive thoracic emphysema,</u> <u>Pulmonary fibrosis + bronchiectasis 17 years.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>due to</u>		DUE TO (b)
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 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 1951 to 12/7/63 and last saw him her alive on 12-7-63
Death occurred at 10:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <p style="text-align: center;">W. R. Jackson M. D.</p>		22b. ADDRESS <p style="text-align: center;">Maryville, Missouri</p>		22c. DATE SIGNED <p style="text-align: center;">12-9-63</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>		23b. DATE <p style="text-align: center;">12/10/63</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Myrtle Tree</p>		23d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Maryville, Missouri</p>
24. FUNERAL DIRECTOR <p style="text-align: center;">Price Funeral Home, Maryville, Mo.</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">12-9-63</p>		26. REGISTRAR'S SIGNATURE <p style="text-align: center;">Bess / bult</p>	

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 2 1964

FEB 27 1964

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 *J.D. Merrick*

Licensed Embalmer No. 5188

P. O. Address Thorpville, 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.