

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **350**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo</u>	c. LENGTH OF STAY (In this place) <u>6 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Metho. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>Lydia Jennie Wagers</u>	(First) _____ (Middle) _____ (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>Dec. 1, 1861</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Fort Wayne Ind.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Smith</u>	14. NAME OF HUSBAND OR WIFE <u>John Thomas Wagers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herschel L. Yates</u> ADDRESS <u>King City, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>  <u>2</u>  <u>1 1/2</u>  <u>1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abscess, pelvis</u> <u>myocardial degeneration</u> <u>hemorrhage, cerebral</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>

22. I hereby certify that I attended the deceased from 12-12, 1948, to 1-23, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>D. J. Ryan M.D.</u>	23b. ADDRESS <u>301 N. 8th St Joseph, Mo.</u>	23c. DATE SIGNED <u>1-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City, Mo Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>King City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucile M. Wilson</u> ADDRESS <u>King City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Lucile M. Wilson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2830

P. O. Address King City, 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 this body is not embalmed, fact should be so stated above.