

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 749

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 12

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| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> <u>31</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lock Springs</u> | | c. LENGTH OF STAY (In this place) <u>33 Yrs</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Depot</u> <u>3</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lock Springs</u> <u>0</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>---</u> <u>3</u> | |

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|-------------------------------------|--------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Andrew</u> | b. (Middle) <u>David</u> | c. (Last) <u>Wanner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 13 1949</u> |
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| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 1 1886</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> | IF UNDER 1 HR. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Agent</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u> | 11. BIRTHPLACE (State or foreign country) <u>New Hampton, Missouri</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Wanner</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Norton</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruby Wanner</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>102-05-8245</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Wanner, Lock Springs, Mo.</u> | ADDRESS <u></u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cosonary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/20</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from about 3:30 p to 19, 1949, that I last saw the deceased on Jan 12, 1949, and that death occurred at Lock Springs, Mo. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Floyd E. Nelson</u> (Degree or title) <u>2</u> | 23b. ADDRESS <u>Gallatin Mo.</u> | 23c. DATE SIGNED <u>1-15-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-16-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lock Springs Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>25 Jan 1949</u> | REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L.O. Peterson</u> ADDRESS <u>Hope Funeral Home Gallatin, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1949

FEB 7 1949

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.....
Student Embalmer

Signed *L. O. Dickerson*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Gallatin, 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.