No. 300
10-48

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7768

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4289 Registrar's No. 34

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gallatin
c. LENGTH OF STAY (in this place): X
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 115 Avendale, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avendale
d. STREET ADDRESS (If rural, give location): Box115-Avendale, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Olive
b. (Middle):
c. (Last): Waggener

4. DATE OF DEATH (Month) (Day) (Year): 3- 8- 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.-22-1903
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 4, Days 16 — IF UNDER 24 HRS.: Hours X, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Power Machine Operator.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Demoines, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jamsa Gregory
13b. MOTHER'S MAIDEN NAME: Eliza Gertrude Shanefelt.
14. NAME OF HUSBAND OR WIFE: James Waggener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James Waggener, Avendale, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure - acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension - premia
DUE TO (c) 4144

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Deflection

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) Avondale (COUNTY) Clay (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1949, *to* March 8, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton Langhear M.D.
23b. ADDRESS: 2025 Swift - Mt Kansas City Mo
23c. DATE SIGNED: 3-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-12-1949
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty Missouri

DATE REC'D BY LOCAL REG.: Mar 12-49
REGISTRAR'S SIGNATURE: Beulah Kitchens
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Morton-Smith's F.H. N.K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-49

MAR 23 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.

Student
Student Embalmer

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.