

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11311

State File No. ....

1088

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Yernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>12-7-1.</u>		d. STREET ADDRESS (If rural, give location) <u>523 Grand. A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u> b. (Middle) <u>Wagoner</u> c. (Last) <u>Wagoner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-30-1878</u>
9. AGE (In years Last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records = State Hospital # 3</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 3 11</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>6-1-1946</u> to <u>4-5-1949</u> , that I last saw the deceased alive on <u>4-5-1949</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Birch, M.D.</u>		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>4-6-49</u>		24. LOCATION (City, town, or county) (State) <u>Kansas, Missouri</u>	
24a. BURIAL (Specify) <u>None</u>		24b. DATE <u>April 7-1949</u>	
24c. NAME OF BEMETERY OR CREMATORY <u>State Hospital # 3</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 7-49</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Terry Funeral Home</u>		ADDRESS <u>Kansas, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3.49.358

Date Filed 4-11-49

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**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 [Handwritten Signature].....

Signed.....  
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Merced, 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.