

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15182**

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Carroll		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norborne Mo.		c. LENGTH OF STAY (in this place) 83 Yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Carroll					
d. FULL NAME OF HOSPITAL OR INSTITUTION 314, East 4th Street.				d. STREET ADDRESS (If rural, give location) 314 East 4th St.									
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle) Susana			c. (Last) Wagner			4. DATE OF DEATH (Month) (Day) (Year) May 20 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June, 18, 1855.		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Lafayette County, Mo.			12. CITIZEN OF WHAT COUNTRY? U S A.		
13a. FATHER'S NAME Fredrick Manking				13b. MOTHER'S MAIDEN NAME Annie Manking				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS From's Wagner Norborne Mo									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) 93 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None								INTERVAL BETWEEN ONSET AND DEATH 194X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) Norborne Carroll Mo.							
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?							
22. I hereby certify that I attended the deceased from 5-1- , 19 49 , to 5-20 , 19 49 , that I last saw the deceased alive on 5-20 , 19 49 , and that death occurred at 5:30 A. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) B. C. Cole D.M.D.						23b. ADDRESS Norborne Mo				23c. DATE SIGNED 5-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22, 1949.		24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery				24d. LOCATION (City, town, or county) (State) Norborne Mo.					
DATE REC'D BY LOCAL REG MAY 21-1949		REGISTRAR'S SIGNATURE Eileen Penniston				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Ditch Norborne Mo							

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 25 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-25-49

1950
01950

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 me

and John Deitch Jr

Student Embalmer No. 322

working under my personal supervision.

Student John Deitch Jr
Student Embalmer

Signed John E Deitch

Licensed Embalmer No. 3654

P. O. Address Woburn MA

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.