

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26578
Registrar's No. 31

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 543031	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Anaconda c. LENGTH OF STAY (If in this place) 6 yrs.				c. CITY (If outside corporate limits, write RURAL and give township) Anaconda	
d. FULL NAME OF HOSPITAL OR INSTITUTION No Street				d. STREET ADDRESS (If rural, give location) No Street	
3. NAME OF DECEASED (Type or Print) Pearl		a. (First) M. b. (Middle) c. (Last) Wagner		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Jan. 9, 1898		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 6 Days 15	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DATE OF BIRTH Jan. 9, 1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME Daniel Benson		13b. MOTHER'S MAIDEN NAME Frances Vaughn		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-22-308		17. INFORMANT'S SIGNATURE OR NAME Ray Wagner Los Angeles, Calif.	
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) Coronary Thrombosis 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at About 10 pm from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) Doctor of Medicine		23b. ADDRESS Sullivan, Missouri		23c. DATE SIGNED 7/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/30/49		24c. NAME OF CEMETERY OR CREMATORY Anaconda	
24d. LOCATION (City, town, or county) Anaconda, Missouri		24e. NAME OF CEMETERY OR CREMATORY Anaconda		24f. LOCATION (City, town, or county) Anaconda, Missouri	
DATE REC'D BY LOCAL REG. 7-28-1949		REGISTRAR'S SIGNATURE [Signature] 96		25. FUNERAL DIRECTOR'S SIGNATURE Casey & Russell, Inc. Address	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 16 1949
District Health Officer No. 9,
District File Number

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

David Russell

Signed.....
Student Embalmer

Licensed Embalmer No. *43210*

P. O. Address *St Clair 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.