

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15984**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **657**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 N. 3rd. street		d. STREET ADDRESS (If rural, give location) 621 Corby	

3. NAME OF DECEASED (Type or Print) a. (First) Lonnie b. (Middle) Lawrence c. (Last) Waggoner			4. DATE OF DEATH (Month) (Day) (Year) May 28, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Mar. 2, 1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 2 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wreath maker		10b. KIND OF BUSINESS OR INDUSTRY floral shop	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Winifield S. Waggoner	13b. MOTHER'S MAIDEN NAME Alice Brazel	14. NAME OF HUSBAND OR WIFE Catherine Waggoner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Allen Waggoner, St. Joseph, Mo. ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) XXX		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXX		151X	

19a. DATE OF OPERATION XXX	19b. MAJOR FINDINGS OF OPERATION XXX	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE XXX	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXX	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> XXX	21f. HOW DID INJURY OCCUR? XXX

22. I hereby certify that I attended the deceased from **Jan. 16, 1950**, to **May 28, 1950**, that I last saw the deceased alive on **May 25, 1950**, and that death occurred at **7:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Allen Waggoner (Degree or title)	23b. ADDRESS The Schneider Bldg. St. Joseph, Missouri	23c. DATE SIGNED 5-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/50	24c. NAME OF CEMETERY OR CREMATORY Benton Cem.
24d. LOCATION (City, town, or county) (State) near Mound City, Mo.	25. FURNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. June 7, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins 382	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leonard - Wallace -

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *519 S. 10th St. - Joseph, 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.