

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16355
16355

63

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Hooker Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hooker Mo., 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) .. c. (Last) WAGONER		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 24, 1872
9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ..	
11. BIRTHPLACE (State or foreign country) Newburg, Phelps Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Wagoner		13b. MOTHER'S MAIDEN NAME Lucy Kinley	
14. NAME OF HUSBAND OR WIFE Lena Wagoner... Deceased.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 500-05-1929		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Andy Wagoner, Jerome 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) .. DUE TO (c) Multiple laceration + contusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION- 5-17-50		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Franklin (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-17-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Automobile accident		22. I hereby certify that I attended the deceased from May 18, 1950, to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 5:40 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Doctor		23b. ADDRESS Paritri Mo	
23c. DATE SIGNED 5/18/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal	
24b. DATE 5-19-50		24c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery	
24d. LOCATION (City, town, or county) (State) Near Newburg, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul E. Hull, Rolla, Mo.	
DATE REC'D BY LOCAL REG. May 19 1950		REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 27 1960
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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.