

FILED MAY 26 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17577

 BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bear Creek Township</u>			c. LENGTH OF STAY (in this place) <u>4 years</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bear Creek Township 1706</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u>			b. (Middle) <u>O.</u>		c. (Last) <u>Waggoner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 29, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10. USUAL OCCUPATION (Give kind of work) <u>Meat packing house</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Meat packing company</u>		11. BIRTHPLACE (State or foreign country) <u>Gays, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Richard M. Waggoner</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Switz</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Waggoner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>329-10-6695</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James D. Waggoner New Florence, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2</u>
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) <u>Bear Creek Twp Montgomery Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>18 May, 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement W. Linnett, M.D.</u>				23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>19 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 22-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Montgomery City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0700

~~707~~
District File Number
District Health Officer No. 9
RECEIVED 5-24-52

JUN 6 1950

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 E. Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Md.

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.