

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25809

FILED AUG 11 1950

BIRTH NO. 26425-50 REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural 103rd Pike</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none - handles Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near handles Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>JEAN</u> c. (Last) <u>WAGONER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>May 1, 1950</u>	9. AGE (In years last birthday) <u>1</u> <u>5</u> <u>1</u> <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>handles Mo.</u>	11. BIRTH PLACE (State or foreign country) <u>handles Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Ray Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Berneda O'Neal</u>	14. NAME OF HUSBAND OR WIFE <u>handles Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Wagner, handles Mo.</u>	ADDRESS <u>handles Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 7/16 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr 30, 1950 to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Masters</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>Advance Mo.</u>	23c. DATE SIGNED <u>5-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lenora Lynn</u>	24d. LOCATION (City, town, or county) (State) <u>Capo Girardeau Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-10-50</u>	REGISTRAR'S SIGNATURE <u>Bessie Wood</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Doyd S. Morgan</u> ADDRESS <u>Advance Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED AUG 10 1950

District Health Office No. 6,

District File Number _____

Date Filed _____

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 _____

Not embalmed

working under my personal supervision.

Student Embalmer No. _____

Signed *William H. Morgan*

Signed _____
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adrian, 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.