No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

40107

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Box Twp.
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. 2, El Dorado Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Box Twp.
d. STREET ADDRESS (If rural, give location): R. 2, El Dorado Springs

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): FRED
c. (Last): WASOBA

4. DATE OF DEATH (Month) (Day) (Year): 11 / 29 / 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 7, 1876
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General farming
11. BIRTHPLACE (State or foreign country): Oxford Junction, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John J. Wasoba
13b. MOTHER'S MAIDEN NAME: Anna Bubenick
14. NAME OF HUSBAND OR WIFE: Ama Wasoba

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ama Wasoba El-Dorado Spgs
ADDRESS: Spgs

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): Miocarditis

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: 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1946 *to* Nov, 1950, *that I last saw the deceased alive on* Nov 28, 1950, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Windmauser D.O.
23b. ADDRESS: El Dorado Spgs Mo
23c. DATE SIGNED: Dec 1-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/1/50
24c. NAME OF CEMETERY OR CREMATORY: Virgil City
24d. LOCATION (City, town, or county) (State): Vernon County, Mo.

DATE REC'D BY LOCAL REG.: 12/1/50
REGISTRAR'S SIGNATURE: George W. Nafus 418 1
25. FUNERAL DIRECTOR'S SIGNATURE: Nafus Funeral Home
ADDRESS: El Dorado Spgs Mo

Dec 2, 1950 L. E. Knowlton, Deputy

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 12 1950

Dist. File 1250-2843

Date Filed 12-28-50

JUN 18 1951

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed George W. Mafus

Signed .....
Student Embalmer

Licensed Embalmer No. 1752

P. O. Address El-Dorado Spgs.

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

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