

No. 300
40-48

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40342**
192
Registrar's No. **1072**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		c. LENGTH OF STAY (In this place) <u>80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Wagers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12.14.1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 21.1855</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	9. AGE (In years last birthday) <u>94</u>
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simpson Wagers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha ?</u>	14. NAME OF HUSBAND OR WIFE <u>Lyda</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sybil Yates</u> ADDRESS <u>King City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Flu pneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>years</u> <u>4 1/2</u> <u>2 mo.</u>	
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 <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>July. 24</u> , 19 <u>50</u> , to <u>12.14.1950</u> , that I last saw the deceased alive on <u>12.14</u> , 19 <u>50</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Blacklock M.D.</u> (Degree or title)		23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>12.15.1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12.16.1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 29-1950</u>	REGISTRAR'S SIGNATURE <u>Edith Childs</u> <u>430</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Toygart</u> ADDRESS <u>King City Mo</u>	

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



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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City 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.