

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43386**

No. 300
10-48

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY Vernon.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Vernon / 670	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada Center		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood, Mo.	
c. LENGTH OF STAY (In this place) 15 hrs.		d. STREET ADDRESS (If rural, give location) Harwood Nevada, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		3. NAME OF DECEASED a. (First) Mabel b. (Middle) Elizabeth c. (Last) Waggoner	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950.	5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar 21, 1891.	9. AGE (In years last birthday) 59	10. MONTHS 8	11. DAYS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bates Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George H. Wilson.	13b. MOTHER'S MAIDEN NAME Mattie B. Blankenbaker	14. NAME OF HUSBAND OR WIFE O. W. Waggoner.
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. No.	17. INFORMANT'S SIGNATURE OR NAME O. W. Waggoner. ADDRESS Harwood, Mo

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Cardiovascular renal disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		4/2X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 **Nov. 27, 1950**, to **Nov. 27, 1950**, that I last saw the deceased alive on **Nov. 27, 1950**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kathryn H. Yancey M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 11/29/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 1st-50	24c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery
24d. LOCATION (City, town, or county) (State) Harwood Mo.		

DATE REC'D BY LOCAL REG. 11-29-50	REGISTRAR'S SIGNATURE Kathryn H. Yancey	331	25. FUNERAL DIRECTOR'S SIGNATURE M. M. Lewis	ADDRESS Schell City
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1087
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2473

Date Filed 12-14-50

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 Wason M. Lewis

Licensed Embalmer No. 3084

P. O. Address Salisbury, 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.