

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43629

State File No. _____

Registrar's No. 1109

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286

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

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange, Mo.,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) William	c. (Last) Waganer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1878	9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months 0 Days 0	# UNDER 6 MO. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Ret. Farmer	11. BIRTHPLACE (State or foreign country) LaGrange, Mo.,	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Waganer	13b. MOTHER'S MAIDEN NAME Mary Schuerfeldt	14. NAME OF HUSBAND OR WIFE Louise Waganer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 337-28-2721	17. INFORMANT'S SIGNATURE OR NAME Richard Waganer	ADDRESS LaGrange, Mo.,
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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) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 4201
	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.			

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) m.	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 **DEC 18, 1950** to **DEC 18, 1950**, that I last saw the deceased alive on **DEC 18, 1950**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H P ELLen M.D. (Degree or title)	23b. ADDRESS LA GRANGE MO	23c. DATE SIGNED DEC 19, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) LaGrange, Missouri
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DATE REC'D BY LOCAL REG. 12/22/50	REGISTRAR'S SIGNATURE P. W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. Kenneth Bailey ADDRESS LaGrange, Mo.
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FEB 21 1951

Date received: JAN 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-153
Date Filed: JAN 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Kenneth Bailey

Licensed Embalmer No. *42450*

P. O. Address *La Grange, Ill.*

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.