No. 300
10.48

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

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43647

State File No. 43647

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – POLK
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3, Fredericktown, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – POLK 6210
d. STREET ADDRESS (If rural, give location): Route 3, Fredericktown, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) Andrew c. (Last) WAGGANER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 22, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: FEB 25, 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 9 Days 27 — 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: —
11. BIRTHPLACE (State or foreign country): Madison County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: WILLIAM WAGGANER
13b. MOTHER'S MAIDEN NAME: MARY E. COOPER
14. NAME OF HUSBAND OR WIFE: ROSA LEE WAGGANER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: ROSA LEE WAGGANER, Route 3 Fredericktown, Mo

MEDICAL CERTIFICATION

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) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 9

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetis — 18 years

DUE TO (c) Gangrene of foot — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 260X

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* Oct 26, 1950, *to* Dec 22, 1950, *that I last saw the deceased alive on* Dec 19, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: S C Slaughter (Degree or title) M. D.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 1-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-24-50
24c. NAME OF CEMETERY OR CREMATORY: BLUSH CEMETERY
24d. LOCATION (City, town, or county) (State): Madison County Missouri

DATE REC'D BY LOCAL REG.: 1-29-51
REGISTRAR'S SIGNATURE: Florence Hicks 187
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Sam Lojim, Jr. Fredericktown Mo

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JAN 31 1950
RECEIVED
FILE No. 157-8

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.