

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23431

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 6 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0493	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital				d. STREET ADDRESS (If rural, give location) 731 E. Chestnut St.			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) ALMA		c. (Last) WAGGONER		4. DATE OF DEATH (Month) (Day) (Year) July 27, 1951	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 20, 1886	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Wilson County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harvey Sorden		13b. MOTHER'S MAIDEN NAME Rebecca Wells		14. NAME OF HUSBAND OR WIFE Wm R. 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Waggoner, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 July 20, 1957, to July 27, 1957, that I last saw the deceased alive on July 27, 1957, and that death occurred at 8:20P m., from the causes and on the date stated above.							
23a. SIGNATURE M. Foster Whitten, M.D. (Degree or title)				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 7-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) Rte Carthage, Missouri	
DATE REC'D BY LOCAL REG. 7-31-57		REGISTRAR'S SIGNATURE L. B. Clinton, MD 134		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/7/51
Jasper County Health Office
County File Number 51-8-27
Date Filed 8/12/51

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 Robert H. Krell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.