

STANDARD CERTIFICATE OF DEATH

33153

State File No.

4

Registrar's No. 28

FILED OCT 17 1951

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5430		Registrar's No. 28			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo				b. COUNTY Franklin	
b. CITY (If inside corporate limits, write RURAL and give township) OR TOWN Rural - Central		c. LENGTH OF STAY (In this place) 37-1-9		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Central - 0360					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Clair - Mo				d. STREET ADDRESS (If rural, give location) St. Clair - Mo					
3. NAME OF DECEASED (Type or Print) Tillie Louise Wagner			a. (First)			b. (Middle)			
4. DATE OF DEATH 10-3-51			c. (Last)			5. SEX Female			
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug-24-1914		9. AGE (In years last birthday) 37		10. MONTHS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Franklin - Mo - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Wm Wagner			13b. MOTHER'S MAIDEN NAME Josie Beaton			14. NAME OF HUSBAND OR WIFE none			
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 Wilson Wagner				ADDRESS St. Clair	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus Unknown						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Unknown Cause -							
		11. 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"/>	
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)		3532			
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 June , 1949, to 10-3-1951, that I last saw the deceased alive on 9-16, 1951, and that death occurred at 26- m., from the causes and on the date stated above.									
23a. SIGNATURE W. E. Mitchell - M.D.				23b. ADDRESS St. Clair - Mo		23c. DATE SIGNED 10/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-5-51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Franklin Co. Mo			
DATE REC'D BY LOCAL REG. 10-3-51		REGISTRAR'S SIGNATURE E. L. Worthington		46		25. FUNERAL DIRECTOR'S SIGNATURE Sherwood Mitchell			
						ADDRESS St. Clair			

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Sherwood B. Mitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair 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.