

FILED DEC 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 67

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 67

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| 1. PLACE OF DEATH a. COUNTY <u>Clark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>30 y</u> | | d. STREET ADDRESS (If rural, give location) <u>0238</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Fern</u> | b. (Middle) <u>Flett</u> | c. (Last) <u>Wagner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-51</u> |
|-------------------------------------|------------------------|--------------------------|-------------------------|---|

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|-----------------|---------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 21-1904</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hour _____ Min. _____ |
|-----------------|---------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clack & Co.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Kahoka Sales Co</u> | 11. BIRTHPLACE (State or foreign country) <u>Donnellson Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>William Flett</u> | 13b. MOTHER'S MAIDEN NAME <u>Lillian Louie</u> | 14. NAME OF HUSBAND OR WIFE <u>Ralph Wagner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>4</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Wagner</u> ADDRESS <u>Kahoka Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | 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) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 11-25, 1951, to 11-27, 1951, that I last saw the deceased alive on 11-27, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>A. Bridgman</u> (Degree or title) | 23b. ADDRESS <u>Kahoka Mo.</u> | 23c. DATE SIGNED <u>12/1-51</u> |
|---|--------------------------------|---------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-29-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kahoka Clark Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12/1/51</u> | REGISTRAR'S SIGNATURE <u>A. Bridgman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karle</u> ADDRESS <u>Kahoka Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2557 E. W

AUG 27 1958

Date Received: DEC 4
DISTRICT HEALTH OFFICE
District File Number 12-
Date Filed: DEC 5 1957

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kokako 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.