

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **135**

FILED FEB 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **29** PRIMARY REG. DIST. NO. **5092** Registrar's No. **12**

0090

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

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Rural Lone Oak</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Rural Lone Oak</b> <b>5090</b>	
c. LENGTH OF STAY (In this place) <b>25 Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ammon</b> b. (Middle) <b>_____</b> c. (Last) <b>Waggoner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3 1952</b>		
--	--	--	--	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 9-1891</b>		9. AGE (In years last birthday) <b>60</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 Wks.: Hours _____ Min. _____	
--------------------	--	-------------------------------	--	--	--	--	--	---	--

10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>Phil Waggoner</b>		13b. MOTHER'S MAIDEN NAME <b>Malissia Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Vera Waggoner</b>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-16-4654</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nellie Hamilton Butler, Missouri</b>	
---	--	---	--	--	--

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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>had been dead 24 hours</b>				INTERVAL BETWEEN ONSET AND DEATH <b>inst</b>	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Dead on arrival</b>				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>	
--	--	--	--	---	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred \_\_\_\_\_, 19\_\_\_\_, from the cause stated on the date stated above.

23a. SIGNATURE <b>John G. Underwood</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Butler MO</b>		23c. DATE SIGNED <b>2-4-52</b>	
---	--	----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-5-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sumner Cemetery Ill.</b>		24d. LOCATION (City, town, or county) (State) <b>Sumner, Ill.</b>	
---	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>Feb. 4-52</b>		REGISTRAR'S SIGNATURE <b>Randall King</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver Underwood Butler MO</b>	
--	--	--	--	---	--

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 G Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.