

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21094**

JUL 5 1952

0560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | | |
|---|-------------------------------|---|---|--|---|------------------------------------|--|--|-------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>178</u> | | PRIMARY REG. DIST. NO. <u>5662</u> | | Registrar's No. <u>66</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u> | | 0560 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Praire View Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>No address</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>P.</u> c. (Last) <u>Wagner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1952</u> | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 10, 1862</u> | | 9. AGE (In years last birthday) <u>89</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 HRS. Hours | # UNDER 1 HRS. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Anna Louise Wagner</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ted Sturhan</u> | | | | ADDRESS <u>LaGrange, Mo.</u> | |
| 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) <u>Blockage of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyper Tension</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>444X</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>April 8, 1952</u> to <u>April 14, 1952</u> , that I last saw the deceased alive on <u>April 12, 1952</u> , and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>J. S. Coatsworth</u> | | | | 23b. ADDRESS <u>La Belle Mo</u> | | 23c. DATE SIGNED <u>4-14-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Apr. 17, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u> | | 24d. LOCATION (City, town, or county) (State) <u>LaGrange, Mo</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>6-28-52</u> | | REGISTRAR'S SIGNATURE <u>P. W. Jennings</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u> | | | | |

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

J. Kenneth Bailey
Licensed Embalmer No. *4248*

P. O. Address *La Grange, Ill.*

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.