.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30688

State File No.

FILED OCT 7 1952

BIRTH NO. REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
d. STREET ADDRESS (If rural, give location): 1005 Cherry

0061
0

3. NAME OF DECEASED (Type or Print)
a. (First): CHRIS
b. (Middle): SCHROLL
c. (Last): WATTENBARGER

4. DATE OF DEATH (Month) (Day) (Year): Oct 4 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 31, ~~1887~~ 1887
9. AGE (In years last birthday): ~~68~~ 65 — If under 1 year: Months 6, Days 3; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate & Insurance Agency
10b. KIND OF BUSINESS OR INDUSTRY: Agency
11. BIRTHPLACE (State or foreign country): Wheatland, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James T. Wattenbarger
13b. MOTHER'S MAIDEN NAME: Theodocia Schroll
14. NAME OF HUSBAND OR WIFE: Evelyn Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: 498-18-5097
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Evalyn Wattenbarger, Lamar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 151X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/15/52, *to* 10/4/52, *that I last saw the deceased alive on* 10/2/52, *and that death occurred at* 2:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE G. R. Cain (Degree or title) MD
23b. ADDRESS Lamar, Mo
23c. DATE SIGNED 10/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 6 1952
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: OCT 4 - 1952
REGISTRAR'S SIGNATURE: Marie Konantz
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

Corr, by aff. Oct. 17, 1952

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Barton } ss.

State File No. 30688

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 10th day of October, 1952, before me appears Frank W. Denton, who, upon his oath, states that the original record of ~~birth~~ death for Chris Schroll Wettenbarger ~~born~~ died Oct 5, 1952, in the State of Missouri, and which was filed at Lamar, Mo. on Oct 4, 1952, should be corrected as follows:

Item No. 4 should read Oct 4 1952
Instead of Oct 5 1952

Item No. 8 should read Mar 31 1887
Instead of Mar 31 1889

Item No. 9 should read 65
Instead of 62

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank W. Denton
Relationship Embalmer for Konantz Funeral Home
Lamar, Missouri
Present Address.

Subscribed and sworn to before me this 10th day of Oct, 1952.

My Commission expires Sept 18 1954

Earl D. Konantz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

Sup- 30688