

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32500

State File No. ....

OCT 14 1952

BIRTH NO. .... REG. DIST. NO. 274, PRIMARY REG. DIST. NO. 4407, Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Duward</u> b. (Middle) <u>Francis</u> c. (Last) <u>Wasson</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>3</u> (Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-20-1891</u>
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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 <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George F. Wasson</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Henderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel Wasson</u>			
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>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs D.F. Wasson</u>		ADDRESS <u>LaMonte 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES DUE TO (b) <u>My hypertension</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LaMonte, Pettis, Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LaMonte, Pettis, Mo.</u>			
21d. TIME OF INJURY (Month) <u>✓</u> (Day) <u>✓</u> (Year) <u>✓</u> (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>52</u> , to <u>Oct 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 3</u> , 19 <u>52</u> , and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H.W. Krieger</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Knob Noster, Mo</u>	
23c. DATE SIGNED <u>Oct 7, 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/7/1952</u>		REGISTRAR'S SIGNATURE <u>Paul M. Mory</u>	
FUNDING DIRECTOR'S SIGNATURE <u>Paul M. Mory</u>		ADDRESS <u>LaMonte Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

OCT 16 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Paul M Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte, 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.