S. No. 300
V. 10.48

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

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 399

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 10

5117

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansasi
b. COUNTY: Doniphan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leona
d. STREET ADDRESS (If rural, give location): 4

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) Daniel c. (Last) Wagoner

4. DATE OF DEATH (Month) (Day) (Year): January 1, 1953

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jule 21, 1879

9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Brighton, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unk.

13b. MOTHER'S MAIDEN NAME: unk.

14. NAME OF HUSBAND OR WIFE: Minnie C. Wagoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Minnie Wagoner, Leona, Kansas

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) Cerebral Hemorrhage, massive — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease with Hypertension — 15 yrs +.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443X

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION:

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): –

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* May, 19 50, *to* Jan 1, 19 53, *that I last saw the deceased alive on* 12-31, 19 52 *and that death occurred at* 2:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emerson Yoder M D

23b. ADDRESS: Denton, Kans

23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 1/1/1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Robinson, Kansas

DATE REC'D BY LOCAL REG.: Jan 8, 1953

REGISTRAR'S SIGNATURE: Carl C. Cash 446

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 N E Edmonston

Licensed Embalmer No. 4791

P. O. Address 3150 10 St Joseph, 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.