

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9116

State File No. ....

BIRTH MO. MAR 21 1953

REG. DIST. NO. 59

PRIMARY REG. DIST. NO. 4097

Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisonville Memprial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) c. (Last) <u>Wagenblast</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept, 11, 1885</u>			9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Savannah Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Bent Etchison</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie DeVault</u>		14. NAME OF HUSBAND OR WIFE <u>Charley C. Wagenblast</u>	
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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 ADDRESS <u>C.C. Wagenblast, Adrian Mo.</u>	
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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			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			ANTECEDENT CAUSES			DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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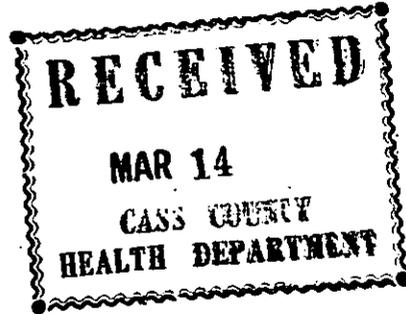
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1950 to 3-6-1953, that I last saw the deceased alive on 3-6-, 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. Nis, M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>3-7-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u> 4571-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Life Funeral Service Adrian Mo.</u>	
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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..... *Adrian Mo.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.