

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20542**

FILED JUN 10 1953

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

BIRTH NO. _____		REG. DIST. NO. <b>370</b>		PRIMARY REG. DIST. NO. <b>4540</b>		Registrar's No. <b>6</b>	
1. PLACE OF DEATH a. COUNTY <b>Wayne</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY OR TOWN <b>Greenville</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Greenville</b>		1170	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>MILTON</b> c. (Last) <b>Fagg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-28-53</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Sept. 24, 1859</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby Co., Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James B. Fagg</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy King</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Belle Lewis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>William J. Fagg, Greenville, Mo.</b>			
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) <b>Sensibility - Arterio-sclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Many years</b>  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 <b>4-500</b>				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) (Minute)		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 <b>many years ago</b> , to <b>5-26-1953</b> , that I last saw the deceased alive on <b>5-25, 1953</b> , and that death occurred at <b>6 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John F. Wagner M.D.</b> (Degree or title)				23b. ADDRESS <b>Greenville, Mo.</b>		23c. DATE SIGNED <b>5-29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-31-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenville</b>		24d. LOCATION (City, town, or county) (State) <b>Greenville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 1-53</b>		REGISTRAR'S SIGNATURE <b>Mabel Beasley</b> <b>341-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Cash FINE 4212 Home Greenville, Mo.</b> <b>Maurice E. Bowe Greenville, Mo.</b>			

