

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29467

FILED SEP 10 1953

BIRTH NO. REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5872 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains-Highland Roger		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains-Highland Roger Rt.	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) NANCY	b. (Middle) JANE	c. (Last) WAGGONER	4. DATE OF DEATH (Month) (Day) (Year) August 12, 1953
-------------------------------------	------------------	------------------	--------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH Jan. 23, 1875	9. AGE (In years last birthday) 78	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours	10 UNDER 1 MIN. Min.
---------------	------------------------	---	--------------------------------	------------------------------------	------------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	-----------------------------------	---	---------------------------------------

13a. FATHER'S NAME Andrew Nance	13b. MOTHER'S MAIDEN NAME Lizzie Hall	14. NAME OF HUSBAND OR WIFE John W. Waggoner, dec.
---------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Henry Waggoner	ADDRESS Alton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Arteriosclerosis		
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 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) (Min.)	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 Jan 1952, to Aug 12, 1953, that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Cooper M.D.	23b. ADDRESS May 4 - Mo	23c. DATE SIGNED Aug 26, 1953
---	-------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Bailey Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Alton Oregon Mo.
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. Sept 5-53	REGISTRAR'S SIGNATURE Mrs W C Johnson	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)	ADDRESS
------------------------------------	---------------------------------------	--	---------

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

300
48

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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address Shreveport, La.

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.