

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2289

State File No. ....

FILED FEB 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 68

800  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>Smithton</u>	c. LENGTH OF STAY (In this place) <u>25 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton</u> <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Everett</u> c. (Last) <u>Wagenknecht</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>21</u> <u>1954</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>11-9-1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Service</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>James R. Wagenknecht</u>	13b. MOTHER'S MAIDEN NAME <u>Sadie Roucher</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Hobbs Wagenknecht</u>
--	--	---

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>304-10-5129</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.R. Wagenknecht</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, asphyxia, 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) <u>Suicide by firearms</u>		
	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 <u>E976x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Public Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-21-54</u> <u>11:05 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide by firearms</u>

22. I hereby certify that I attended the deceased Lawrence Everett Wagenknecht, LaMonte, Mo., that I last saw the deceased alive on 1-20-54, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Emilar Hauptmann, M.D.</u>	23b. ADDRESS <u>Cornery, Pettis Co</u>	23c. DATE SIGNED <u>1-22-54</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1/29/54</u>	REGISTRAR'S SIGNATURE <u>U. J. Campbell, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u> ADDRESS <u>LaMonte Mo.</u>
---	---	--

MAR 4 1955

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. Morrow*

Licensed Embalmer No. *3923*

P. O. Address *St. Mont. Md.*

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.