

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10876

State File No.

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MEMPHIS</u>	c. LENGTH OF STAY (If in this place) <u>99 YRS</u>	c. CITY OR TOWN <u>MEMPHIS</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DE</u>	b. (Middle) <u>WITT</u>	c. (Last) <u>WAGNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MCH 28 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-5-1859</u>	9. AGE (In years last birthday) <u>94</u>	# UNDER 1 YEAR Months Days <u>4 23</u>	# UNDER 1 HR. Hours Min. _____
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10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEVI J. WAGNER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY C. GREY</u>	14. NAME OF HUSBAND OR WIFE <u>NANNIE M. WAGNER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <u>No</u>	(If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W W Wagner</u>	ADDRESS <u>MEMPHIS</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Disease</u>		
	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., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MEMPHIS MO</u>
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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? <u>4201</u>
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22. I hereby certify that I attended the deceased from July 1, 1914 to Mar 28, 1954; that I last saw the deceased alive on Mar 28, 1954, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Hillman M.D.</u>	23b. ADDRESS <u>Memphis Mo.</u>	23c. DATE SIGNED <u>3-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-31-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/1/54</u>	REGISTRAR'S SIGNATURE <u>Vera E. Turner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wagner</u>	ADDRESS <u>Memphis Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

MAR 7 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.....
Signature of Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No. *155*

P. O. Address *Memphis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.