

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12266

1612

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1612
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) East Lynne 0190		
c. LENGTH OF STAY (in this place) 43da 1hr		d. STREET ADDRESS (If rural, give location) General Delivery		
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital				
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Dorothy		b. (Middle) Beatrice		c. (Last) Wagner
(Type or Print)		April 8, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Jan 17, 1940	9. AGE (In years last birthday) 14 Months 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and State or Foreign Country) Garden City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Fern Wagner		13b. MOTHER'S MAIDEN NAME Grace Smith		14. NAME OF HUSBAND OR WIFE
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Wagner - East Lynne, Missouri
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma - Ventricle & Spleen		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		196x
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) m.		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 Feb 25, 1954, to April 8, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 5:40 p. m., from the causes and on the date stated above.				
23a. SIGNATURE Wayne Hart		23b. ADDRESS Mercy Hospital		23c. DATE SIGNED April 8, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/9/54		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) East Lynne Mo		(State)		
DATE REC'D BY LOCAL REG. 4-9-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stone-McClure K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. S. Walton

Licensed Embalmer No. 2744

P. O. Address 11. C. 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.