

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22405**
Registrar's No. **128**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4092**

0190

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

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Archie		c. LENGTH OF STAY (in this place) 31 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Archie		
d. FULL NAME OF HOSPITAL OR INSTITUTION At his home			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)	a. (First) Jeptha	b. (Middle)	c. (Last) Waggener	4. DATE OF DEATH (Month) (Day) (Year)
				July 21 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 17th. 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 4	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Freeman Cass County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Virgil Waggener	13b. MOTHER'S MAIDEN NAME Charlotte Ann Percy	14. NAME OF HUSBAND OR WIFE Lela Pearl Ryle Waggener
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) NO	16. SOCIAL SECURITY NO. 437-05-0204	17. INFORMANT'S SIGNATURE OR NAME Mr. John Waggener	ADDRESS 7429 Park Ave. K.C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known 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)
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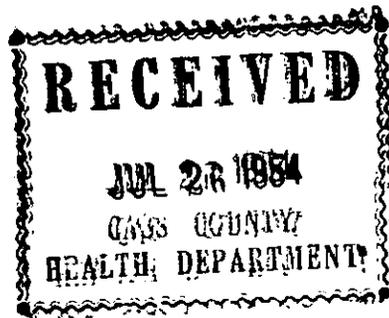
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **July 21, 1954**, to **July 21, 1954**, that I last saw the deceased **alive on July 21, 1954**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE E. E. Robinson M.D.	(Degree or title) M.D.	22b. ADDRESS Adrian, Mo.	22c. DATE SIGNED 7-23-54
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 24th. 1954	23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	23d. LOCATION (City, town, or county) (State) Freeman, Mo.
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DATE REC'D BY LOCAL REG. July 23 1954	REGISTRAR'S SIGNATURE Dora Barriard	457- Atkinson Bens. Archie, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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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 Robert W. Anderson

Licensed Embalmer No. 4902

P. O. Address Hammills, 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.