No. 300
10.48

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33150

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1091

2

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

1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ St. Joseph
c. LENGTH OF STAY (in this place) 2 Mos. 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Daviess.
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ Township — Gilman City
d. STREET ADDRESS (If rural, give location) Rural. 0310 1

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) SILAS c. (Last) WAGONER

4. DATE OF DEATH (Month) (Day) (Year) 10 - 14 - 1954.

5. SEX male.
6. COLOR OR RACE white.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.
8. DATE OF BIRTH 1-1-1887.
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 9 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Agriculture.
11. BIRTHPLACE (State or foreign country) Harrison County Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wagoner.
13b. MOTHER'S MAIDEN NAME Clara Williams.
14. NAME OF HUSBAND OR WIFE Rosa Wagoner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. none.
17. INFORMANT'S SIGNATURE OR NAME Rosa Wagoner - Gilman City - Mo. **ADDRESS** R.F.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) cerebral hemorrhage — 4 days
DUE TO (c) arterio-sclerosis.

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 331X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8-, 1954, *to* 10-14-, 1954, *that I last saw the deceased alive on* 10-14-, 1954, *and that death occurred at* 1:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Morroway (Degree or title) M.D.
23b. ADDRESS State Hospital No. 2, St. Joseph, Mo.
23c. DATE SIGNED 10-14-1954.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-18-54
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) (State) Gilman City, Missouri

DATE REC'D BY LOCAL REG. Oct. 18, 1954
REGISTRAR'S SIGNATURE Esther M. Allison 487
25. FUNERAL DIRECTOR'S SIGNATURE L. C. Richardson **ADDRESS** Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1966

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 L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.