

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40750

State File No. \_\_\_\_\_

BIRTH NO. Arkansas REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Haverhill</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3658</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Way 635-9m</u>		d. STREET ADDRESS (If rural, give location) <u>4106 Cherokee</u>	
3. NAME OF DECEASED a. (First) <u>Ferry</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Waglan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-54</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1909 16 1936</u>
9. AGE (In years last birthday) <u>18</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter Waglan</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Waglan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Waglan, Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Car Accident</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8234 32</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #63</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 24-54 11P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car ran off road and overturned</u>			
22. I hereby certify that I attended the deceased from <u>about</u> 19 <u>54</u> to <u>1954</u> , that I last saw the deceased alive on <u>12-24-54</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Bea Cook</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Robertson West Plains Mo.</u>	
23c. DATE SIGNED <u>1-6-55</u>			
24a. BURIAL, CREMATION, REBURYAL (Specify) <u>122554</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Ark.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1-10-55</u>		REGISTRAR'S SIGNATURE <u>Bea Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>		ADDRESS	

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

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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

*J. D. Roberts*

Licensed Embalmer No. \_\_\_\_\_

*3432*

P. O. Address \_\_\_\_\_

*West Plains*

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.