

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15795

State File No.

BIRTH NO.

REG. DIST. NO. 157PRIMARY REG. DIST. NO. 3025Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. LENGTH OF STAY (in this place) 4 1/2 yrs	c. CITY OR TOWN Carthage		d. Is 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 Gregory Nursing Home 119 N. McGregor St			STREET ADDRESS (If rural, give location) 727 E. Chestnut St		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) ROBERT	c. (Last) WAGGONER		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 5, 1881		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Barton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob F. Waggoner		13b. MOTHER'S MAIDEN NAME Angeline Faulkner	14. NAME OF HUSBAND OR WIFE Laura Sorden Waggoner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Belle Garner, Rt 1, Carthage, Mo			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease Unknown DUE TO (c) Arteriosclerosis Generalized II. OTHER SIGNIFICANT CONDITIONS Cerebral Sclerosis & Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 18 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-16-1955 , to 5-23-1955 , that I last saw the deceased alive on 5-23-1955 , and that death occurred at 10:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) O. MD		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 5-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Rt 1 Carthage Mo		
DATE REC'D BY LOCAL REG. 5-24-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed JUN 4 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 *Frank W. Knell*.....

Licensed Embalmer No. 4440

P. O. Address Carthage,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.