

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28263

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7469

1. PLACE OF DEATH
a. COUNTY Missouri b. COUNTY Lewis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place)
c. CITY OR TOWN Durham d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL e. STREET ADDRESS (If rural, give location) 5 miles N.W. 0560

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) WAGGENER 4. DATE OF DEATH (Month) (Day) (Year) 8/25/55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 11, 1883 9. AGE (in years last birthday) 71 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Waggener 13b. MOTHER'S MAIDEN NAME Sarah Ragenscraf 14. NAME OF HUSBAND OR WIFE Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Waggener, Durham, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 2 wks.
ANTECEDENT CAUSES DUE TO (b) Chronic Lymphatic Leukemia Yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 204Q

22. I hereby certify that I attended the deceased from AUG. 22, 1955 to AUG. 25, 1955, that I last saw the deceased alive on AUG. 25, 1955, and that death occurred at 12:20a m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion M.D. (Degree or title) M. D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 8/25/55

24a. BURIAL / CREMATION REMOVAL Removal 24b. DATE 8-25-55 24c. NAME OF CEMETERY OR CREMATORY Emerson 24d. LOCATION (City, town, or county) (State) Emerson, Mo.

DATE REC'D BY LOCAL REG. AUG 25 1955 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

(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.....
Signature of Student Embalmer

Signed.....
John J. Harris
Licensed Embalmer No.....
P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.