

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13786**BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5096 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valle		c. LENGTH OF STAY (In this place) 47	c. CITY OR TOWN De Soto
d. FULL NAME OF HOSPITAL OR INSTITUTION R #3, DeSoto, Mo.		e. STREET ADDRESS (If rural, give location) Route # 3	
3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) A. c. (Last) Wagner		4. DATE OF DEATH (Month) (Day) (Year) April 21 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 30 Aug 1908
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months	IF UNDER 12 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 Farming	11. BIRTHPLACE (City and State or Foreign Country) R#3, DeSoto, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Max Wagner	
13b. MOTHER'S MAIDEN NAME Elva Dickinson		14. NAME OF HUSBAND OR WIFE Pearl Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-28-8745	
17. INFORMANT'S SIGNATURE OR NAME Pearl Wagner		ADDRESS DeSoto, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 gen. Metastasis DUE TO (c) especially to skin. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION 163x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 <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 Dec 16, 1955 , to Apr 21, 1956 , that I last saw the deceased alive on Apr 4, 1956 , and that death occurred at 5:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marie Harris R.O.		23b. ADDRESS DeSoto, Mo.	
23c. DATE SIGNED Apr 23, 56.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 24 Apr 1956	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) DeSoto, Missouri	
DATE REC'D BY LOCAL REG. 4-23-56		REGISTRAR'S SIGNATURE Marie Harris	
25. FUNERAL DIRECTOR'S SIGNATURE MAHN FUNERAL HOME, DESOTO, MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 1 1957

APR 27 1956

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 *Daniel J. Mahan*

Licensed Embalmer No. *432*

P. O. Address *West*

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.