No. 300
10.48

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

FILED APR 30 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14948

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3822

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural Route 4

0 33 0 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Helen
b. (Middle): P.
c. (Last): Wagstaff

**4. DATE OF DEATH** (Month) (Day) (Year): April 15, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 28, 1900
**9. AGE** (In years last birthday): 55 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): Keysville, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Claude Dickson
**13b. MOTHER'S MAIDEN NAME**: Mirta Stafford
**14. NAME OF HUSBAND OR WIFE**: Ralph Wagstaff

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Ralph Wagstaff, Salem, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERAL ISED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1-2 Mo's.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ADENOCARCINOMA OF TRANSVERSE COLON. — 1-2 Mo's
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**: 4.12.56
**19b. MAJOR FINDINGS OF OPERATION**: GENERALIZED CARCINOMATOSIS 153x
**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* April 4, 19 56 *to* Apr. 15, 1956, *that I last saw the deceased alive on* Apr. 15, 19 56 *and that death occurred at* 8:00 pm., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert E. Koch
**(Degree or title)**: M.D.
**23b. ADDRESS**: 35 N. Central, Clayton, Mo.
**23c. DATE SIGNED**: 4-16-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4-16-56
**24c. NAME OF CEMETERY OR CREMATORY**: Local
**24d. LOCATION** (City, town, or county) (State): Keysville, Mo.

**DATE REC'D BY LOCAL REG.**: APR 17 1956
**REGISTRAR'S SIGNATURE**: Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H. Hoppe, 4700 Washington
(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1956

APR 30 1956

MAY 1 1956

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 41,

P. O. Address St. L.

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