

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20778

FILED JUL 5 1956

State File No. ....

2655

|   |  |   |   |   |   |  |  |   |  |                                   |  |
|---|--|---|---|---|---|--|--|---|--|-----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1001</u>  |   | Registrar's No. _____  |  |   |  |                                   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |  |   |  |                                   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place)<br><u>35 yrs</u>  |   | c. CITY OR TOWN <u>Kansas City</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1720 Wabash</u>   |  |   |   | e. STREET ADDRESS (If rural, give location)<br><u>5408 Cleveland</u>  |   |  |  |   |  |                                   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br><u>JAMES</u>  |   | b. (Middle)<br><u>J.</u>  |   | c. (Last)<br><u>WAGNER</u>   |  |   |  |                                   |  |
| 4. DATE OF DEATH  |  | (Month) <u>June</u>   |   | (Day) <u>15</u>   |   | (Year) <u>1956</u>   |  |   |  |                                   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |   | 8. DATE OF BIRTH<br><u>June 22, 1914</u>   |  |   |  |                                   |  |
| 9. AGE (In years last birthday)<br><u>41</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |   | IF UNDER 24 HRS.<br>Hours _____ Mins. _____   |   |  |  |   |  |                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Plant Superintendent</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Machinics Overall</u> |   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Mineral, Kansas</u>   |  |   |  |                                   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>   |  |   | 13a. FATHER'S NAME<br><u>Michael Wagner</u>                   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Helena O'Malley</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Edith Wagner</u> |   |  |                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>495-03-5915</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Edith Wagner</u>  |   |  |  | ADDRESS<br><u>5408 Cleveland</u>  |  |                                   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of lower extremities</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>7955</u>                                 |  |                                   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Post Remot repaired</u>  |   |   |   |  |  | 20. AUTOPSY?<br>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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |   |   |  |  |   |  |                                   |  |
| 23a. SIGNATURE<br><u>Geo. C. Kealhofer</u>  |  |   | (Degree or title)<br><u>Registrar</u>                         |   |   | 23b. ADDRESS<br><u>6627 Park Street</u>  |  | 23c. DATE SIGNED<br><u>6-17-56</u>  |  |                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>6-18-1956</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Smt. Olivet Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Missouri</u>   |  |   |  |                                   |  |
| DATE REC'D BY LOCAL REG.<br><u>6-17-56</u>  |  | REGISTRAR'S SIGNATURE<br><u>Rever Marshall</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Melody-McGilley-Eylar</u>  |   |  |  |   |  | ADDRESS<br><u>1800 E. Linwood</u> |  |

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  .....

Licensed Embalmer No. 399

P. O. Address .....

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.