

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27736**

BIRTH NO. _____		REG. DIST. NO. <u>24</u>		PRIMARY REG. DIST. NO. <u>5735</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON			
b. CITY (If outside corporate limits, write RURAL and give town) GATEWAY DRIVE		c. LENGTH OF STAY (In this place) 3 WEEKS		c. CITY OR TOWN GATEWAY DRIVE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 2, JOPLIN				STREET ADDRESS (If rural, give location) ROUTE 2, JOPLIN 0730			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle)		c. (Last) WAGNER		4. DATE OF DEATH (Month) (Day) (Year) AUG. 10, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH JULY 15, 1881		9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months Days if UNDER 1 HR. Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR - RADIATOR REPAIR SHOP		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NELLIE WEBB CARR, GATEWAY DRIVE			
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 degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 2 years?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>6-21-56</u> to <u>8-10-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-8-56</u> , 19 <u>56</u> , and that death occurred at <u>3:30</u> m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. B. C. Lopina, M.D.</i>				23b. ADDRESS Joplin, Missouri		23c. DATE SIGNED 8-12-56	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 8-11-56		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 8-27-56		REGISTRAR'S SIGNATURE <i>Blayne A. Bridger</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

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

RECEIVED

District Health Officer No. Newton
District File Number 856-134
Date Filed AUG 21 1958

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 Jack Parkin

Licensed Embalmer No. 4938

P. O. Address John

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.