

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29727**

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5010** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL BOLCKOW		c. CITY OR TOWN BOLCKOW	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) RURAL F. D. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. 2			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA	b. (Middle) MARGARETE	c. (Last) WAGENBLAST	4. DATE OF DEATH (Month) (Day) (Year) 9-6-1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-31-1871	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR: Months 2 Days 5	11. UNDER 24 HRS: Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cosby MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Wagenblast	13b. MOTHER'S MAIDEN NAME Caroline Shaffer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. L. D. Brown	ADDRESS Bolckow Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 10, 1956** to **Sept 6, 1956**, that I last saw the deceased alive on **9-5-1956**, and that death occurred at **7:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. V. R. Wilson M.D.	23b. ADDRESS Boswelldale Mo	23c. DATE SIGNED 9-7-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-9-1956	24c. NAME OF CEMETERY OR CREMATORY SAVANNAH	24d. LOCATION (City, town, or county) (State) SAVANNAH MO
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DATE REC'D BY LOCAL REG. 9-11-56	REGISTRAR'S SIGNATURE William Parks	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS SAVANNAH MO
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1938

DEC 8 1938

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 *E. C. Breit*.....

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.