

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38464

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 571

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baxter Springs</u>	
c. LENGTH OF STAY (If in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>710 E 12 st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u> b. (Middle) <u>Wright</u> c. (Last) <u>Waggoner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-56</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 29-1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 1 HRS. Hours: _____ Mins.: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of deceased's life, even if retired) <u>attorney</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>law</u>	11. BIRTHPLACE (State or foreign country) <u>Waggoner County mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Waggoner</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Frances Long</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Waggoner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or both) (If Yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Waggoner</u>	ADDRESS <u>Baxter Spgs</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic kidney disease</u>		INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <u>5 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>kidney failure</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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 1-6 1948 to 11-24 1956; that I last saw the deceased alive on 11-24 1956 and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>11/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Spgs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-27-56</u>	REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance Wene</u>	ADDRESS <u>Baxter Spgs</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

526

RECEIVED

DEC

3 1956

Jasper County Health Office

County File Number

56-12-952

Date Filed

DEC

3 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.....

Wene Funeral Home

working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Lane Wene

Signed.....
Student Embalmer

Licensed Embalmer No. *2880 mo.*

P. O. Address *Box 10 Springs Kan*

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 this body is not embalmed, fact should be so stated above.