

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7928

State File No.

FILED APR 1 - 1957

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton.</u>		c. CITY OR TOWN <u>Norborne, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (to this place) <u>7, Days.</u>		e. STREET ADDRESS (If rural, give location) <u>312. east 4th Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital, Carrollton.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank.</u>	b. (Middle) _____	c. (Last) <u>Wagner.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March. 24/1957</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>July/6/1880.</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Own Farm.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Norborne Carroll County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Wagner.</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Nanting.</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Wagner.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>494-40-6573</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Wagner</u>	ADDRESS <u>Norborne</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neuronal thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Multiple contusions of chest</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>obesity</u> DUE TO (c) <u>Auto collision</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>obesity - Age -</u> 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? <u>2</u> 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) <u>017</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto head on collision</u>
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22. I hereby certify that I attended the deceased from 17th Mch, 1957, to 24th Mch, 1957, that I last saw the deceased alive on Mch 24, 1957 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene J. Bales, M.D.</u> (Degree or title)	23b. ADDRESS <u>Carrollton MO</u>	23c. DATE SIGNED <u>3-26-57</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 26, 1957.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-26-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Twitch</u>	ADDRESS <u>Norborne Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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