

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **40992**

FILED DEC 10 1957

Registration District No. **175** Primary Registration District No. **3036** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission) a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Billings, Rt. #2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hosp.		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 4 miles West		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle FREDERICK Last WAGEMANN			4. DATE OF DEATH Month Nov. Day 25 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 31, 1885	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Billings, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME William F. Wagemann			14. MOTHER'S MAIDEN NAME Louise Henrietta Englebreck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489202083	17. INFORMANT Address Mrs. Clara Wagemann, Billings, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hemia DUE TO (b) Ch. Pyelonephritis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6000					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from 11/18/57 , to _____ and last saw him alive on 11/25/57 . Death occurred at 3:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS [Signature]	22c. DATE SIGNED 11/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/27/1957	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Billings, Missouri
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-3-1957		26. REGISTRAR'S SIGNATURE Ora McRatt

Health, & Welfare Public Health Service
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
J. Dean Harris

Licensed Embalmer No. *439*

P. O. Address *Cleveland, Mo.*

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.