

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017446  
State File No. 383  
Registrar's No. 383

FILED JUN 5 1958

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ---a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>6 Days</b>	c. CITY OR TOWN <b>Brosley</b> <b>0120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route I</b>	

3. NAME OF DECEASED (Type or Print) <b>Rillie</b>	a. (First)	b. (Middle) <b>Esther</b>	c. (Last) <b>Wagster</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 23, 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 12, 1895</b>	9. AGE (In years last birthday) Months Days <b>63</b>	IF UNDER 1 YEAR Hours Min.	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Willie J. Boyd</b>	13b. MOTHER'S MAIDEN NAME <b>Smith</b>	14. NAME OF HUSBAND OR WIFE <b>John L. Wagster</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. John L. Wagster</b>	ADDRESS <b>Brosley, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>		<b>12 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c)		<b>5 years</b>
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **5-17-** 19**58**, to **5-23-** 19**58**, that I last saw the deceased alive on **5-23-** 19**58**, and that death occurred at **1:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Engelhart</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>5/27/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 25, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Browns Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Brosley, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>5/31/58</b>	REGISTRAR'S SIGNATURE <b>R. H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Mortuary</b>	ADDRESS <b>Piggott, Ark</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JUN 3 1950

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Gerald W. Hoggans.....

Licensed Embalmer No. 1116.....

P. O. Address Plymouth.....

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.