

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022122
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2874

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 75 yrs		d. STREET ADDRESS 5531 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE MARION WAGNER				4. DATE OF DEATH Month Day Year June 5 1958			
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 30 1874 JUNE 5 1958		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Dept. Jackson Co. Tax		11. BIRTHPLACE (City and state or country) Nemaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John George Wagner			13b. MOTHER'S MAIDEN NAME Sabina Hackl			14. NAME OF HUSBAND OR WIFE Ella M. Wagner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-36-3509		17. INFORMANT Address Mrs. Ella M. Wagner, 5531 Forest			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Acute Gastric ulcer to hemorrhage						INTERVAL BETWEEN ONSET AND DEATH May 28, 58	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) X DUE TO (c) X						5400	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Coronary sclerosis.						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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 Oct 11, 1943 to June 5, 58 and last saw him alive on June 5, 1958 . Death occurred at 12:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Doctor or title) Lyle G. Willits M.D.			22b. ADDRESS 1105 Grand Avenue			22c. DATE SIGNED 6/6/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-7-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood			25. DATE RECD. BY LOCAL REG. 6-6-58		26. REGISTRAR'S SIGNATURE Neva Minshall		

MEDICAL CERTIFICATION
Lyle G. Willits USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Lyle Willets
Rufus B. ...
Feb 2. 1919

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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 Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John C. ...*
Licensed Embalmer No. *2025*

P. O. Address *...*

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.