

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028389

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 528

Health,
& Welfare
Public
Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY 0120 ORISKAN TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp, 3 Da				Length of stay in lb 3 Da		d. STREET ADDRESS 6 Mi S, W, of Fisk	
3. NAME OF DECEASED (Type or print) First Maggie Middle Mae Last Wagner				4. DATE OF DEATH Month 7 Day 12 Year 58			
5. SEX Female		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 8-8-1898	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Jonesbour, Ill /		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jim Duggins				14. MOTHER'S MAIDEN NAME Elezibeth Kennupp			
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. -----		17. INFORMANT Clarence Wagner, Fisk, 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) Coronary heart disease DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 4201	
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 _____ 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 7-9-58 to 7-11-58 and last saw her alive on 7-11-58 Death occurred at 4:33 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. J. C. White				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 7-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-14-58		23c. NAME OF CEMETERY OR CREMATORY Shain Memorial		23d. LOCATION (City, town, or county) (State) Butler Co., Mo.	
24. FUNERAL DIRECTOR J. C. White				ADDRESS Fisk, Mo.		25. DATE RECD. BY LOCAL REG. 8/16/58	
26. REGISTRAR'S SIGNATURE R. M. Metree							

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 19 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Raymond I. Duffin* _____

Licensed Embalmer No. *479*

P. O. Address *Berms* _____

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.