

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014327

FILED VS APR 25 1960

042 Primary Registration District No. 1000 Registrar's No. 456

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 15 yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 619 Powell St.	
3. NAME OF DECEASED (Type or print) First WALTER Middle RICHARD Last WAGERS				4. DATE OF DEATH Month April Day 14 Year 1960			
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 9/8/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.		11. BIRTHPLACE (City and state or country) Amity Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Robert Wagers			13b. MOTHER'S MAIDEN NAME Lucy Harris			14. NAME OF HUSBAND OR WIFE Pauline Wagers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2			16. SOCIAL SECURITY NO. 497-12-1882		17. INFORMANT Address 619 Powell St. St. Joseph, Mo. Mrs. Pauline Wagers		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Livers. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH approx 3 months	
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 Dec. 1959 to April 14 and last saw her alive on 4-14-60 Death occurred at 10:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. L. Ferguson, M.D.				22b. ADDRESS 1301 Buchanan		22c. DATE SIGNED 4-15-60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/18/60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. GENERAL DIRECTOR ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. April 20, 1960		26. REGISTRAR'S SIGNATURE Mr. Clark Standell	

DOCUMENT

BY AFFIDAVIT OF C. L. Ferguson, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER 0961 2 AMM

APR 27

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.