

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1960

-60-033009

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8524** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length-of stay in 1b. 6 Years	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Marian Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 162 St. George	
3. NAME OF DECEASED (Type or print) First ROY Middle WILLIAM Last WAGGONER			4. DATE OF DEATH Month 8 Day 27 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/6/09	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY AALco Wrecking		11. BIRTHPLACE (City and state or country) Lynchburg, Tenn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE			
13a. FATHER'S NAME Joe Waggoner		13b. MOTHER'S MAIDEN NAME Minnie Grammer		14. NAME OF HUSBAND OR WIFE	
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. Unknown		17. INFORMANT Lizzie Waggoner, 162 St. George	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Adenocarcinoma of larynx** INTERVAL BETWEEN ONSET AND DEATH **2 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **161x**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **7-15-60** to **8-27-60** and last saw him alive on **8-27-60**
Death occurred at **10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **MD**

22b. ADDRESS **3616 S. Bldg., St. Louis, Mo.**

22c. DATE SIGNED **8-29-60**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE **8/31/60**

23c. NAME OF CEMETERY OR CREMATORY
Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

24. FUNERAL DIRECTOR
McLAUGHLIN'S, 2301 Lafayette ADDRESS

25. DATE RECD. BY LOCAL REG.
AUG 30 1960

26. REGISTRAR'S SIGNATURE
[Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 *H. G. Farris*

Licensed Embalmer No. *338*
P. O. Address *H. Farris*

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.