

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-035218**

ED VS OCT 13 1960

Registration District No. 150 Primary Registration District No. 6572 Registrar's No. 206

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Ja.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>		Length of stay in 1b <u>30 days</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>Maude</u> Middle <u>E.</u> Last <u>Wagner</u>		d. STREET ADDRESS (If outside, give location) <u>542 S. Huttig</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. DATE OF DEATH		Month <u>October</u> Day <u>2</u> Year <u>1960</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Employee.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Junction City, Kan. USA</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>(Unknown) Walter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene W. Wagner dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>487-05-7838</u>		17. INFORMANT <u>Mrs. Blanche Lewis K.E. Kan.</u> Address <u>22696. 20th</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Shock, agonal GI bleeding</u>						<u>24 hrs.</u>	
DUE TO (b) <u>Severe arteriosclerosis</u>						<u>10 yrs.</u>	
DUE TO (c) <u>Diabetes mellitus</u>						<u>20 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amputation left leg</u>						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	
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>					
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 <u>9-2-60</u> to <u>10-2-60</u> and last saw her <u>living</u> alive on <u>10-2-60</u> . Death occurred at <u>10:00</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature] MD</u>				22b. ADDRESS <u>10901 Wimmer Rd. Dade Mo</u>		22c. DATE SIGNED <u>10-3-60</u>	
23a. BUREAU OF CREMATION, REG. NO. <u>33404</u>		23b. DATE <u>Oct. 5, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope.</u>		23d. LOCATION (City, town, or county) (State) <u>K.E. Kansas</u>	
24. FUNERAL DIRECTOR <u>Ott &amp; Mitchell Indep. Mo.</u> ADDRESS <u></u>				25. DATE RECD. BY LOCAL REG. <u>10-3-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 180

**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 Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.