URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038783
STATE FILE NUMBER

ENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webb City — Length of stay in 1b: 9 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jane Chinn Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Jasper
c. CITY OR TOWN: Webb City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 501 N. Webb St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jacob Middle: Sherman Last: Waggoner

4. DATE OF DEATH Month Day Year: Nov. 2, 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-25-1897

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months: 6 Days: 7 — IF UNDER 24 HR: 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:

11. BIRTHPLACE (City and state or country): Lockwood, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph J. Waggoner

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Mattie Waggoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 493-16-9083

17. INFORMANT: Mattie Waggoner, Address: 501 N. Webb St. Webb City, 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): Massive pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary tuberculosis
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 10-30-60, to 11-2-60 and last saw him alive on 11-2-60

Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. W. Forbes (Degree or title) D.O.

22b. ADDRESS: 106 S. Main, Webb City, Mo.

22c. DATE SIGNED: 11-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-5-60

23c. NAME OF CEMETERY OR CREMATORY: Webb City Cemetery

23d. LOCATION (City, town, or county) (State): Webb City, Mo.

24. FUNERAL DIRECTOR: Johnston-Simpson, ADDRESS: Webb City, Mo.

25. DATE RECD. BY LOCAL REG.: 11-7-60

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Sintze

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 8 7 AM

SEP 24 1962

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, M

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