

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012371

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 46

AMENDED

FILED APR 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		Length of stay in 1b <b>5 hours</b>	c. CITY OR TOWN <b>Osceola</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 3</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Nevada, Mo.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>F.</b> Last <b>Wagoner</b>			4. DATE OF DEATH Month <b>4</b> Day <b>4</b> Year <b>1961</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-13-95</b> <b>unknown</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown R.R.</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Depot Master</b>	9. AGE (last birthday) <b>75</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown R.R.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Depot Master</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
13a. FATHER'S NAME <b>Arthur Wagoner</b> <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Payer</b> <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown / 0</b>		16. SOCIAL SECURITY NO. <b>None</b> <b>unknown</b>	
17. INFORMANT <b>Hospital record</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> DUE TO (b) <b>General Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>3:30 P.M. 4-4-61</b> to <b>8:20 P.M. 4-4-61</b> and last saw her/him alive on <b>4-4-61</b> Death occurred at <b>8:20 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>F.S. Wagoner</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>ST HOOP # 3</b>	22c. DATE SIGNED <b>4-5-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/8/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osceola</b>	23d. LOCATION (City, town, or county) (State) <b>Osceola Missouri</b>
24. FUNERAL DIRECTOR <b>Goodnick F. Home</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>April 6-1961</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Jurg</b>

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1961

**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 Paul J. Juntana

Licensed Embalmer No. 3990

P. O. Address Oscola, Mo.

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.