SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1961

61-043459

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 372

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b 4 Mos.

c. CITY OR TOWN Kirksville — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1608 N. Centennial — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Enic Middle Last Waggoner

4. DATE OF DEATH Month Dec. Day 10, Year 1961

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/5/94

9. AGE (last birthday) 67

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) Airlines worker

10b. KIND OF BUSINESS OR INDUSTRY Avaiation

11. BIRTHPLACE (City and state or country) Adair Co. Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Waggoner

13b. MOTHER'S MAIDEN NAME Fannie Scott

14. NAME OF HUSBAND OR WIFE none

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address Lois Hayes, Mercer, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2-3 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic coronary artery disease — Over 3 yrs

DUE TO (c) Generalized Arteriosclerosis — Long standing

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Bronchial Asthma - Chronic Emphysema

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 August 1959, to December 9, 1961 and last saw him alive on December 9, 1961
Death occurred at Early A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D C Maddox DO

22b. ADDRESS KOH - Kirksville Mo.

22c. DATE SIGNED 12/11/61

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

23b. DATE 12/12/61

23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemt.

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

24. FUNERAL DIRECTOR ADDRESS Davis & Davis Kirksville, Mo.

25. DATE RECD. BY LOCAL REG. 12-19-1961

26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1961

D.E. MADDOX, D.O.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkwall

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.