

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014711

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 12
FILED MAY 1 1962

VS 300
 Rev. 4/59

1 0290
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 12 70-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC TWSP. Length of stay in 1b 1 YR.		c. CITY OR TOWN MERAMEC TWSP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MI. E-STEELVILLE, MO. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 MI. E-STEELVILLE, MO. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN RILEY WAGONER			4. DATE OF DEATH Month Day Year APRIL 25-1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-4-1878 9. AGE (last birthday) 84
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) TENNESSEE 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRANK WAGONER		13b. MOTHER'S MAIDEN NAME UNKNOWN	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. NONE	17. INFORMANT Address MURLE EDGAR-STEELVILLE, 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) Electrolyte Imbalance + dehydration DUE TO (b) due to acute gastritis DUE TO (c) --- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Generalized arteriosclerosis 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 INTERVAL BETWEEN ONSET AND DEATH 1WK			
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 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 4-25-62 to 4-25-62 and last saw him alive on 4-25-62 . Death occurred at 5:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank A. Sanders, M.D.		22b. ADDRESS Cuba, Mo.	22c. DATE SIGNED 4/25/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	4-27-1962	SANDERS CEMETERY	CRAWFORD COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS HALBERT FUNERAL Home-STEELVILLE, MO.		25. DATE RECD. BY LOCAL REG. 4/27/62	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

MAY 11 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4332
P. O. Address STEELVILLE, 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.