

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026274  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. FILED JUL 17 1962 Primary Registration District No. 3008 Registrar's No. 166

VS 300  
Rev. 4/59

1 0147  
2 0561  
3 2  
4 1  
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7 0  
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9 420.1  
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12 93-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in lb <u>1 1/2</u> Years		c. CITY OR TOWN <u>Canton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>907 N. 7th Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Pierce</u> Last <u>Wagner</u>		4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-23-1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>hcmc</u>		11. BIRTHPLACE (City and state or country) <u>Missouri, Canton</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eben M. Piner</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Harrison</u>	
14. NAME OF HUSBAND OR WIFE <u>J. T. Wagner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
17. INFORMANT <u>unk</u>		Address <u>State Hospital No. 1, Fulton, Mo.</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>Myocardial infarction</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Generalized Arteriosclerosis</u>					
DUE TO (c) <u>    </u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Brain Syndrome due to Arteriosclerosis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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> 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.) <u>State Hospital No. 1</u>		20f. CITY, TOWN, OR LOCATION <u>Canton</u>	
20g. COUNTY <u>Missouri</u>		20h. STATE <u>Missouri</u>			
21. X attended the deceased from <u>12-9-1960</u> to <u>7-7-62</u> Death occurred at <u>6:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Edmund C. Jackson M.D.</u>			22b. ADDRESS <u>Fulton, Missouri</u>		22c. DATE SIGNED <u>7/7/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 9, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forrest Grove Cem.</u>	
23d. LOCATION (City, town, or county) <u>Canton</u>		23e. STATE <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Browning Funeral Home Fulton, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>July 8, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

SEP 25 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 *Al Masure*

Licensed Embalmer No. 4996  
P. O. Address Fulton, 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.