MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032043
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 113

FILED AUG 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Louisiana
Length of stay in Ib: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pike Co. Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Pike
c. CITY OR TOWN: Louisiana, Mo.
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2305 So. Carolina St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle RUTH Last WAGNER

4. DATE OF DEATH: Month Aug. Day 12, Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 2/14/95
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Estes, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Peter J. Branstetter
13b. MOTHER'S MAIDEN NAME: Margaret E. Sinkhorn
14. NAME OF HUSBAND OR WIFE: George H. Wagner

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.: None
17. INFORMANT: Mrs. Ben Wagner, Louisiana, Mo
Address

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): Myocardia failure due to decompensation — INTERVAL BETWEEN ONSET AND DEATH: 15 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes
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 [X] Unknown [ ]

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 May 8, 1961, to August 12, 1962, and last saw her alive on 8/12/62
Death occurred at 11:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M L Bilyeu (Degree or title) D.O.
22b. ADDRESS: 220 North 5th Street Louisiana, Missouri
22c. DATE SIGNED: 8/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/14/62
23c. NAME OF CEMETERY OR CREMATORY: Kilby Cemetery
23d. LOCATION (City, town, or county) (State): Pike Co. Missouri

24. FUNERAL DIRECTOR ADDRESS: Geo. M. Collier, Louisiana, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 17, 1962
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1962

SEP 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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana 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.