

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

385 - 62-034189  
 STATE FILE NUMBER

DO NOT WRITE  
 ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 385

**FILED OCT 8 1962**

VS 300  
 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>819 Madison Street</u>		d. STREET ADDRESS (If outside, give location) <u>819 Madison Street</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MRS. ALICE WAGNER</u>		4. DATE OF DEATH Month Day Year <u>October 1, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-23-1887</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (City and state or country) <u>Ashland, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John E. Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret E. Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Chris Wagner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mrs. Everett Scott, 819 Madison, J.C., Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>5 Yrs.</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>			<u>10 Yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</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"/> 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 <u>1-9-'62</u> to <u>10-1-62</u> and last saw <u>  </u> alive on <u>10-1-62</u> Death occurred at <u>8:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Donald Skell, M.D.</u>		22b. ADDRESS <u>521 E. High St.</u>	
22c. DATE SIGNED <u>10-2-62</u>		22d. CITY, TOWN, OR LOCATION, COUNTY, STATE <u>Jefferson City, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 3, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
23d. FUNERAL DIRECTOR <u>Buescher Memorial, Jefferson City, Mo.</u>		23e. ADDRESS <u>Jefferson City, Missouri</u>	
24. DATE RECD. BY LOCAL REG. <u>2 October 1962</u>		25. REGISTRAR'S SIGNATURE <u>R. Harris, M.D. - Richter, Reg.</u>	

USE BLACK INK  
 OR  
 TYPEWRITER RIBBON

**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 Vernon M. Manton

Licensed Embalmer No. 4125  
P. O. Address Lincoln 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.