

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012904

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 314 Primary Registration District No. 6065 Registrar's No. 17

STATE FILE NUMBER

VS 300  
Rev. 4/59

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26003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *fun director*

ITEM NO. SHOULD READ

4 *March 9 1963*

21 *11:15 p.m.*

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>near Polk</u>		Length of stay in 1b <u>1 Day</u>	c. CITY OR TOWN <u>Liberty</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 M- East Osceola</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>203 Groom</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM B. WAGNER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Male</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>2-17-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u>	9. AGE (last birthday) <u>46</u>
13a. FATHER'S NAME <u>Willis G. Wagner</u>		11. BIRTHPLACE (City and state or country) <u>Gashland, Missouri</u>	
13b. MOTHER'S MAIDEN NAME <u>Ottie Buchanan</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>		14. NAME OF HUSBAND OR WIFE <u>Joyce Richardson</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Ottie B. Wagner, Liberty, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> DUE TO (b) <u>Accident</u> DUE TO (c) <u>Capsized Boat</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Boat with 4 people capsized</u>	
20c. TIME OF INJURY Hour <u>1: A.M.</u> a.m. Month, Day, Year <u>3/10/63</u>		20f. CITY, TOWN, OR LOCATION <u>Osceola, Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Osage River</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		COUNTY STATE <u>St. Clair Co; Missouri</u>	
21. Death occurred at <u>11:15 p.m. 3/10/63</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) <i>James O. [unclear] Coronel</i>		22b. ADDRESS <u>Osceola Missouri</u>	22c. DATE SIGNED <u>3/12/63</u>
23b. DATE <u>3/12/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
24. FUNERAL DIRECTOR <i>Ernie [unclear] Osceola Mo 8-5-63</i>		25. DATE RECD. BY LOCAL REG. <u>3-12-63</u>	
		26. REGISTRAR'S SIGNATURE <i>Pat [unclear]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

APR 1 1963

APR 8 1963

APR 21 1966

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul J. Fontana

Licensed Embalmer No. 3990

P. O. Address Orcutt

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.

FILE