

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 62

STATE FILE NUMBER

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Glen Allen</u>		c. CITY OR TOWN <u>Glen Allen</u>	
Length of stay in 1b <u>Lifetime</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>.</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Frank Alfred Wagner</u>			4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Mar. 19, 1902</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired timber laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		
11a. BIRTHPLACE (City and state or country) <u>Buchanan, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Alfred N. Wagner</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Long</u>		
14. NAME OF HUSBAND OR WIFE <u>Mrs. Susan Wagner</u>			Address <u>Mrs Francis Collier Lutesville mo.</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>490-18-0178</u>		
17. INFORMANT <u>Mrs Francis Collier</u>			Address <u>Lutesville mo.</u>		

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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
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 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 <u>Lutesville, Mo.</u>		COUNTY _____ STATE _____
21. I attended the deceased from <u>7-27-62</u> to <u>8-16-63</u> and last saw her alive on <u>8-1-63</u> Death occurred at <u>1:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John D. Englehart Jr.</u> (Degree or title)	22b. ADDRESS <u>Lutesville, Mo.</u>	22c. DATE SIGNED <u>8-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cemetery</u>
23d. LOCATION (City, town, or county) <u>Glen Allen, Mo.</u>		(State)

24. FUNERAL DIRECTOR <u>Baker Funeral Home, Lutesville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/21/63</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1 0090
2 0090
3
4 0
5 1
6
7 0
8 2
9260X
10
11
12 90-2
13 1-0

AUG 26 1963

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lebanon, 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.