

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43509

FILED MAR 13 1956

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5256</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bunningham</u>		c. LENGTH OF STAY (in this place) <u>IN DUCK BLIND</u>		c. CITY OR TOWN <u>Independence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>640 PROCTOR PLACE 1.00</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arch</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Waggoner</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>30</u>		(Year) <u>1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 27 1895</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER-OPERATOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>INDEPENDENCE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN MILLS</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>WM H. WAGGONER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH FOUGHT</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE WAGGONER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-09-0930</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MAUDE WAGGONER INDEP MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes Primarily</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head attack?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Reduced working to Duck Blind</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. D. Dunsmuir Governor of Chariton County</u>				23b. ADDRESS <u>Kay Trivette</u>		23c. DATE SIGNED <u>11-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>12-2-55</u>		<u>MT. Washington</u>		<u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>2-12-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Parson F. Home</u>		ADDRESS <u>Independence, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1958

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, ~~and~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. H. Lipard*.....

Licensed Embalmer No. 397

P. O. Address *Mendon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.