

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

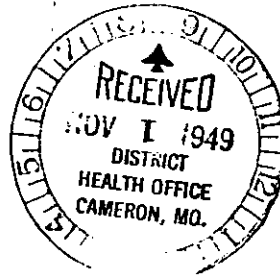
State File No. **34351**

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ludlow</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ludlow</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Asbery</u>	
		c. (Last) <u>Wagy</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 17, 1855</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS/OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Plainville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Henry Wagy</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Stone</u>	
14. NAME OF HUSBAND OR WIFE <u>Marieita Lease</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'S SIGNATURE OR NAME <u>Mrs. Florence Hudson; Dawn,</u>		ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular (Cardiac) Deficiency 20 yrs</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>NO</u>		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)		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 <u>Sept 1, 1949</u> , to <u>Oct 23, 1949</u> , that I last saw the deceased alive on <u>Oct 22, 1949</u> , and that death occurred at <u>2:00 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leo Morris M.D.</u>		23b. ADDRESS <u>Ludlow</u>	
23c. DATE SIGNED <u>Oct 25 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Enon</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Leola L. Caring</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>		ADDRESS	

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

59



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
Student Embalmer

Signed Elton Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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 this body is not embalmed, fact should be so stated above.