

FILED JAN 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 637  
Registrar's No. 1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306

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, write RURAL and give township) OR TOWN <u>Centertown, Marion</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo Marion</u>	
c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Centertown, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hulda</u> b. (Middle) <u>Martha</u> c. (Last) <u>Wagner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 3, 1879</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>13</u>		IF UNDER 1 YEAR: Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Saxony Germany 4</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Martiz Schreiber</u>			13b. MOTHER'S MAIDEN NAME <u>Wilmena Gerlack</u>			14. NAME OF HUSBAND OR WIFE <u>William Wagner</u>					
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Wagner Centertown, Mo</u>							
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										174X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>										20 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)			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 June 10, 1946, to Jan 16, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carroll W. Mansfield D.O.</u>				23b. ADDRESS <u>Centertown, Mo</u>				23c. DATE SIGNED <u>1-17-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>					
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DATE REC'D BY LOCAL REG. <u>Jan 18</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Nittermeyer 70</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl R. Bowlin Centertown, Mo</u>					
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-23-51

DEC 29 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, or by

Jack N. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack N. Bowlin  
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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.