

Health,  
& Welfare  
Public  
Service  
190  
S. 300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026619

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No.

297

Primary Registration District No.

6022

Registrar's No.

75

1. PLACE OF DEATH a. COUNTY <b>Ray</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Henrietta</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ray County Mem. Hosp.</b>		Length of stay in 1b <b>5 1/2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>Main St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EMMA P</b> Middle <b>ROSETTA</b> Last <b>McGAUGH</b>			4. DATE OF DEATH Month <b>July</b> Day <b>25</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 16, 1877</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Chariton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Claiborn Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Black</b>		14. NAME OF HUSBAND OR WIFE <b>Clark McGaugh</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>Harry Gardner, Henrietta, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Pancreas &amp; metastasis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>157X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>to Liver</b>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis; Arteriosclerotic Heart Disease</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.			20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE
21. Attended the deceased from <b>June 16, 1958</b> to <b>July 25, 1958</b> and last saw her <sup>her</sup> alive on <b>July 25, 1958</b> Death occurred at <b>4:00 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Thomas B. Cook M.D.</b>			22b. ADDRESS <b>Richmond, Missouri</b>		22c. DATE SIGNED <b>7/27/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marceline Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marceline, Mo.</b>
24. FUNERAL DIRECTOR <b>Thurman Funeral Home, Richmond, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-27-1958</b>	26. REGISTRAR'S SIGNATURE <b>Maluel Jackson</b>

(Licensed Embelmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11c

x	Missouri	Richmond Township	Female	Housewife	Clairborn Jackson
x	Main St.	Ray County Mem. Hosp. 2 1/2 weeks	White	Own home	Laura Black
	July 25, 1928	ROSETTA			Clairborn Jackson
	Jan. 16, 1877	McGOUGH			Laura Black
	U.S.A.	Chariton County, Mo.			Harry Gardner, Henrietta, Mo.
	Clark Logan				

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

Student ..... Signed *Wm. L. Thurman*  
 Signature of Student Embalmer

Licensed Embalmer No. 4563  
 P. O. Address Richmond, 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.

BURIAL HOME, RICHMOND, MO.  
 JULY 25, 1928