

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29475

BIRTH NO. 55410-49 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) LYNNE c. (Last) MAAG			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15, 1949
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH SEPT. 15, 1949
9. AGE (In years last birthday) 11		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY *	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RUSSELL C. MAAG		13b. MOTHER'S MAIDEN NAME ELEANOR M. BANTA	
14. NAME OF HUSBAND OR WIFE *			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *		16. SOCIAL SECURITY NO. *	
17. INFORMANT'S SIGNATURE OR NAME RUSSELL C. MAAG		ADDRESS FULTON, MO.	
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) Prematurity			INTERVAL BETWEEN ONSET AND DEATH 7 years
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			176X
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 9-15, 1949, to 9-15, 1949, that I last saw the deceased alive on 9-15, 1949, and that death occurred at 6:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Blain J. Brown, M.D.		23b. ADDRESS Fulton, Mo.	
23c. DATE SIGNED 9-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 16, 1949	
24c. NAME OF CEMETERY OR CREMATORY Bellmont Cem.		24d. LOCATION (City, town, or county) (State) Wathena, Kansas	
DATE REC'D BY LOCAL REG. Sept 16, 1949		REGISTRAR'S SIGNATURE Maritta Lawrence by ROM	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

District File Number _____

RECEIVED
SEP 20 1949
District Health Officer No. 9,

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 Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 2nd

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.