

S. No. 308
V. 10.48

FILED DEC 12 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36414**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1320	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 Felix Rear				d. STREET ADDRESS (If rural, give location) 419 1/2 Felix			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Wilder		c. (Last) Magoon		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 14, 1894	
9. AGE (In years last birthday) 54		10. MONTH (Day) (Hour) (Min.) 11 15		9. AGE (In years last birthday) 54		10. MONTH (Day) (Hour) (Min.) 11 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer Glamour		10b. KIND OF BUSINESS OR INDUSTRY Craft Studio		11. BIRTHPLACE (State or foreign country) Waterville, Minn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Magoon		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Velma T. Magoon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-10-1948		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Velma Magoon, 419 1/2 Felix, St. Joe. 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) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man died suddenly without a history of serious illness or disability. He was out in a workshop not making some seen exposures at the time of his sudden death. He is known to be a sufferer of heart disease.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 ^{checked} from on 11/29, 1949 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 11/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Dec 7, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Neaton-Bowman Funeral Home		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St. Joseph, 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 this body is not embalmed, fact should be so stated above.