

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4218

State File No. \_\_\_\_\_

FILED MAR 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5258 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK RURAL</u>	
c. LENGTH OF STAY (In this place) <u>6 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 MI N.E. OF BRUNSWICK</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>	b. (Middle) <u>HERRING</u>	c. (Last) <u>MAGRUDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>8-7-1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED DRUGGIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.T. MAGRUDER</u>	13b. MOTHER'S MAIDEN NAME <u>JOHANNA HERRING</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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 <u>MRS ORA M. WOODWARD</u>	ADDRESS <u>BRUNSWICK 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Aug 27, 1946, to Feb 21, 1950, that I last saw the deceased alive on Feb 21, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Stewart M.D.</u>	23b. ADDRESS <u>Brunswick, Mo</u>	23c. DATE SIGNED <u>2/22/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-23-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>
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DATE REC'D BY LOCAL REG. <u>2-22-1950</u>	REGISTRAR'S SIGNATURE <u>Mildred Boone</u>	56	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Cecil</u>	ADDRESS <u>Brunswick Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

210  
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RECEIVED

District Health Officer No. 11

District File No. \_\_\_\_\_

Date Filed 3-3-50

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.

Signed L. M. Peesal

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 822

P. O. Address Brunswick 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.