No. 300
10-48

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

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22692

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5045 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheaton Rural
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: BARRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheaton Rural R.F.D. 5a
d. STREET ADDRESS (If rural, give location): 1-Mile North Wheaton Mo

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): Lillian
c. (Last): McGaugh

4. DATE OF DEATH (Month) (Day) (Year): July 1 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 16 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 0, Days 15 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Asher Layton Townsend
13b. MOTHER'S MAIDEN NAME: Anny Jane Blue
14. NAME OF HUSBAND OR WIFE: John V. McGaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Lynn W McGaugh — ADDRESS: Wheaton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 29, 1950, *to* July 1, 1950, *that I last saw the deceased alive on* June 30, 1950, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. S. McCall D.
23b. ADDRESS: Wheaton Mo.
23c. DATE SIGNED: July 6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/4/1950 10 A.M.
24c. NAME OF CEMETERY OR CREMATORY: Muncey
24d. LOCATION (City, town, or county) (State): 2 Miles North Wheaton Mo.

DATE REC'D BY LOCAL REG.: July 14-1950
REGISTRAR'S SIGNATURE: Grace Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Wm Morris Rogue — ADDRESS: Wheaton Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750 - 842

Date Filed 7-17-50

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.

Student .....
Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.