

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32757

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 402

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff OR TOWN Poplar Bluff c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 916 Alice St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. 0123
d. STREET ADDRESS (If rural, give location) 916 Alice St.

3. NAME OF DECEASED
a. (First) DOCK b. (Middle) MARION c. (Last) MAGNESS
4. DATE OF DEATH (Month) (Day) (Year) 10/12/50

5. SEX Male 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 9, 1887 9. AGE (In years last birthday) 63 OF UNDER 1 YEAR Months 3 Days 3 OF UNDER 12 HRS. Hours 3 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Newark, Ark 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Andy M. Magness 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Nora Magness

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Magness.....Poplar Bluff, 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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES Coronary Artery Disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis
DUE TO (c) arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the liver
20. AUTOPSY? YES NO

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 29 Sep, 1948, to 12 Oct, 1950, that I last saw the deceased alive on 1 Oct, 1950 and that death occurred at 12:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cyril A. Post MD 23b. ADDRESS Poplar Bluff, Mo 23c. DATE SIGNED 13 Oct 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-16-50 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Batesville, Ark.

DATE REC'D BY LOCAL REG. Oct 14, 1950 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell.....Poplar Bluff, Mo.

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

23
1

RECEIVED

OCT 17 1958

BUTLER CO. HEALTH CENTER

FILE No.

1050-428

MAR 2 1961

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

George P. Kerby

Licensed Embalmer No. *4752*

P. O. Address

Replai Bluff

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.