

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34433

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <u>Randolph</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) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>54 days</u>		d. STREET ADDRESS (If rural, give location) <u>Aprox 3 mi. So. of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u> b. (Middle) <u>Albert</u> c. (Last) <u>Magnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 - 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>married 1</u>		8. DATE OF BIRTH <u>Jan 11 1881</u>		9. AGE (In years last birthday) Months Days <u>69 9 15</u>		10. IF UNDER 18 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Pisgah Iowa 1</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
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13a. FATHER'S NAME <u>Thomas Magnett</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Magruder</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Magnett</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown). (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Magnett</u>		ADDRESS	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double lobe Hypertensive Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> <u>5 yrs</u> DUE TO (c) <u>Hypertensive Heart Disease</u> <u>6 yrs</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Phycosis</u> <u>2 yr</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4222</u>	
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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?	
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22. I hereby certify that I attended the deceased from 9/2, 1950, to 10/26, 1950, that I last saw the deceased alive on 10/25, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Doug S. Jolly</u>		23b. ADDRESS <u>PO 2 203 1/2 N. State Moberly, Mo</u>		23c. DATE SIGNED <u>10/27/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 28 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cemetery Prairie Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 28 - 50</u>		REGISTRAR'S SIGNATURE <u>Carroll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C B Windelmyer</u>		ADDRESS <u>Salisbury Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 31 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-
Date Filed: OCT 31 1950

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 _____

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.