

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Du Water* State File No. **36723**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1002

**1. PLACE OF DEATH**  
a. COUNTY Greene  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,  
c. LENGTH OF STAY (In this place) 6 month  
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrison Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Dallas  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thorpe 0300  
d. STREET ADDRESS (If rural, give location) /

**3. NAME OF DECEASED**  
(Type or Print) a. (First) Minnie b. (Middle) Olive c. (Last) Ma ggard

**4. DATE OF DEATH** (Month) (Day) (Year)  
November 13, 1950

**5. SEX**  
Female

**6. COLOR OR RACE**  
White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**  
Married

**8. DATE OF BIRTH**  
June 8, 1887

**9. AGE** (In years last birthday) 63 **MONTHS** 5 **DAYS** 5 **HOURS** 5 **MIN.** 5

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**  
In Home

**11. BIRTHPLACE** (State or foreign country)  
Mercer County, Missouri

**12. CITIZEN OF WHAT COUNTRY?**  
USA

**13a. FATHER'S NAME**  
Chase Marion Milner

**13b. MOTHER'S MAIDEN NAME**  
Susan Hamilton

**14. NAME OF HUSBAND OR WIFE**  
Roy Maggard

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give year or dates of service)  
No

**16. SOCIAL SECURITY NO.**  
No

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
Roy Maggard Thorpe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Thrombosis, cerebral  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c) Myocarditis, chronic  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
332A

**INTERVAL BETWEEN ONSET AND DEATH**  
5 days

**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 July, 1950, to Nov 13, 1950, that I last saw the deceased alive on Nov 9, 1950, and that death occurred at 1:45 am., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
J. Newton Gorman, M.D.

**23b. ADDRESS**  
Springfield Mo.

**23c. DATE SIGNED**  
11-13-50

**24a. BURIAL, CREMATION, REMOVAL (Specify)**  
Burial

**24b. DATE**  
Nov. 15, 1950

**24c. NAME OF CEMETERY OR CREMATORY**  
Thorpe

**24d. LOCATION (City, town, or county) (State)**  
Thorpe, Missouri

**DATE REC'D BY LOCAL REG.** 11-13-50 **REGISTRAR'S SIGNATURE** W. E. Landley M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
Gorman-Scharpf Funeral Home  
Springfield, Missouri

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

1396  
4

**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 Lewis H. Schaeffer

Licensed Embalmer No. 38102

P. O. Address Springfield 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.