

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8665

BIRTH NO. ....		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>835</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>LYNN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARKER 8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RR# 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEWART</u>		b. (Middle) <u>—</u>		c. (Last) <u>MAGERS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 22-1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 30-1877</u>	9. AGE (In years last birthday) <u>73</u>
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>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>OAK COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES O. MAGERS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMALINE KING</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE A. MAGERS</u>	
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 ADDRESS <u>Minnie A. Magers - PARKER, KANS</u>	
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) <u>Intestinal Obstruction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>5705</u>
19a. DATE OF OPERATION <u>2/21/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstructing Adhesive Tion</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Back</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>2/21</u> , 19 <u>51</u> to <u>2/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/22</u> , 19 <u>51</u> , and that death occurred at <u>4:10 P.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>John H. Ogilvie</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>730 Proj Bldg</u>		23c. DATE SIGNED <u>2/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BEAGLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BEAGLE, KANSAS</u>
DATE REC'D BY LOCAL REG <u>2-23-51</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STONE-McCLURE K.C., MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1953

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 M. Meyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4555

P. O. Address. H. O. [Signature]

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.