

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8813**
 03111371
 Registrar's No. **32**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction.		c. LENGTH OF STAY (in this place) 1 1/2 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		d. STREET ADDRESS (If rural, give location) 103 E. Pennell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Pennell Street		e. FULL NAME OF HOSPITAL OR INSTITUTION 103 E. Pennell Street	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) CLINTON c. (Last) MAGOON		4. DATE OF DEATH (Month) (Day) (Year) 3-29-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 25, 1875
9. AGE (In years last birthday) 76	10. MONTHS 10	11. DAYS 1	12. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing	
11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George D. P. Magoon		13b. MOTHER'S MAIDEN NAME Melinda E. Mahan	
14. NAME OF HUSBAND OR WIFE Theress Ray Magoon (Dec)		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. 511-10-0035		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Scott, Pittsburg, Ks.	
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) Cornary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) Large fleaky heart DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gastritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Coronary thrombosis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) Mo	
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 4201		22. I hereby certify that I attended the deceased from March 19, 1952 to March 29, 1952 , that I last saw the deceased alive on March 29, 1952 , and that death occurred at 2:30 Pm. , from the causes and on the date stated above.	
23a. SIGNATURE F. B. K...		23b. ADDRESS Carl Junction, Mo	
23c. DATE SIGNED 3-30-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-2-1952		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	
24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John Lewis	
DATE REC'D BY LOCAL REG. 3-30-52		REGISTRAR'S SIGNATURE John Lewis 137	
25. FUNERAL DIRECTOR'S SIGNATURE John Lewis		ADDRESS Carl Jct., Mo.	

0490

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

RECEIVED 4-10-52
Jasper County Health Office

County File Number 52/4/286

Date Filed 4-10-52

APR 12 1952

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells City 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.