

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34620

FILED OCT 24 1952

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Como</u>	
c. LENGTH OF STAY (in this place) <u>1 Hour</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles N.E. Malden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 N. Marion</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Magers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>12-29-1894</u>		9. AGE (In years last birthday) <u>57</u>		10. F UNDER 1 YEAR Months _____ Days _____	
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>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Lanes Ferry, Tenn.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Richard A. Magers</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa 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>487-20-3984</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa Magers R-2, Parma, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis Coronary Arteries</u> DUE TO (c) <u>Cholangitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>6 years</u> <u>15 yrs</u> <u>2.5 yrs</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____	

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 Oct 13, 1952 to Oct 13, 1952, that I last saw the deceased alive on Oct 13, 1952, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>St. Mitchell M.D.</u> (Degree or title)		23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>10/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>	
				24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-22-52</u>		REGISTRAR'S SIGNATURE <u>J. W. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Day Funeral Home, Malden, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-22-52
COUNTY FILE NUMBER 1052-292

OCT 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. D. Scherman
Licensed Embalmer No. 4086
P. O. Address Meden

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.