

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25769

State File No. ....

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newsko R.F.</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Newsko -</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 1 - Newsko</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE 1 - R.F.D. 0730</u>	
3. NAME OF DECEASED a. (First) <u>RALPH H</u> b. (Middle) <u>MAGILL</u> c. (Last) <u>MAGILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/5/1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2/25/1888</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBERMAKER RATED</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBERMAKER RATED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Handerson MO</u>
13a. FATHER'S NAME <u>John H Magill</u>		13b. MOTHER'S MAIDEN NAME <u>Geldrude Stagg</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
14. NAME OF HUSBAND OR WIFE <u>BONNIE</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bonnie Magill</u> ADDRESS _____	
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>Courtesy Accident</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) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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?			
22. I, hereby certify that I attended the deceased from _____, 19 <u>50</u> , to <u>7-8</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (In green or blue ink) <u>Bonnie Thompson</u>		23b. ADDRESS <u>307 E. Main St. Newsko, Mo 7-9-53</u>	
23c. DATE SIGNED <u>7-8-53</u>		24. LOCATION (City, town, or county) (State) <u>WARR CITY MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/8/1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>WARR CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>7-18-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> ADDRESS _____	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BUD GLOYER</u>		ADDRESS <u>MORT</u>	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~753-144~~

District File Number ~~753-144~~

Date Filed JUL 27 1953

MISSOURI

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.....  
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 459

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.