

7  
No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1672

State File No. ....

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 4

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>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stillwell Kansas</u>		d. STREET ADDRESS (If rural, give location) <u>P.R. 1 815<sup>0</sup> 8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110th St between Wornall &amp; Holmes</u>					

3. NAME OF DECEASED a. (First) <u>Mr Louis</u> b. (Middle) _____ c. (Last) <u>Magana</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1954</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2-9-1935</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>odd jobs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mt Moriah Cm. Osawatomie Kans</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Timoteo Magana</u>		13b. MOTHER'S MAIDEN NAME <u>Aradia Martinez</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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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 <u>Timoteo Magana</u>	ADDRESS <u>Stillwell Kans</u>
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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>fract + Hemorrhage resulting from</u> ANTECEDENT CAUSES <u>Fractured Cervical Spine, compound</u> DUE TO (b) <u>fracture of left leg, fractured</u> DUE TO (c) <u>fracture of right leg, multiple fractures of skull</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>fract</u>			INTERVAL BETWEEN ONSET AND DEATH <u>E 8:25 a.m.</u> <u>31</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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-14-54 7:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>truck struck tree</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Newt Beaulieu, Deputy Coroner</u>		23b. ADDRESS <u>1050 Broadway St</u>	23c. DATE SIGNED <u>1-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alathe</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas</u>
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DATE REC'D BY LOCAL REG <u>1/14/54</u>	REGISTRAR'S SIGNATURE <u>Stirling E. Dodard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>	ADDRESS <u>K.C. Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

MAY 4 1954

APR 14 1954

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

*Russell N. Fran*

Licensed Embalmer No. \_\_\_\_\_

*4255*

P. O. Address \_\_\_\_\_

*K. O. Fran*

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.