

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1710

State File No.

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avilla</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOEL</u> b. (Middle) _____ c. (Last) <u>MAGGARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15-1954</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>May 14-1888</u>	9. AGE (In years last birthday) <u>65</u>	IF 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>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Letcher County, KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Frank Maggard</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Pippin Maggard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-10-3922</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Maggard</u> ADDRESS <u>1027 Grove, Carthage</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Urinary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Aortic Culminar Atherosclerosis</u>		
	DUE TO (c) <u>Lobar Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			

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? _____

22. I hereby certify that I attended the deceased from 1-11 1954 to 1-15 1954, that I last saw the deceased alive on 1-15 1954, and that death occurred at 9:30 p.m. 1-15 1954, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>J. H. Boardman, M.D.</u>	23b. ADDRESS <u>Sarcoxie, Mo</u>	23c. DATE SIGNED <u>1-16-54</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-19-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reeds Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reeds, Mo</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-18-54</u>	REGISTRAR'S SIGNATURE <u>J. H. Boardman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> ADDRESS <u>Carthage, Mo</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 25 1954
Jasper County Health Office
County File Number 54-1-62
Date Filed JAN 25 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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.