

No. 300  
10.48

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16411

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Jasper Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sarcouxie Twp.</u>		c. CITY OR TOWN <u>Rural Sarcouxie Twp.</u>	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1 LaRussell, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 1 LaRussell, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Henry Benton Maggard</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 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>Married</u>	8. DATE OF BIRTH <u>11-2-1891</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HR. Hours	# UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road Emp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salina, Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Moss Maggard</u>	13b. MOTHER'S MAIDEN NAME <u>Lucvandi Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Vida Bricole Maggard</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>yes W.W.#1</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Maggard</u>	ADDRESS <u>LaRussell # 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>		
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>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1-13, 1953, to May 9, 1954, that I last saw the deceased alive on 3-20, 1954, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Woodston</u> (Degree or title)	23b. ADDRESS <u>Reeds, Mo.</u>	23c. DATE SIGNED <u>5-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reeds cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reeds, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-13-54</u>	REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Illmer Funeral Home</u>	ADDRESS <u>Carthage, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1954

MAY 8 1954

RECEIVED MAY 2 1954  
Jasper County Health Office  
County File Number 54-5-37  
Date Filed MAY 12 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.....  
Signature of Student Embalmer

Signed *William S. Cantel*

Licensed Embalmer No. *48*  
P. O. Address *Walla*

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.