

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4261 State File No. 16475

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>19</u>		
1. PLACE OF DEATH a. COUNTY <u>MNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MNOX</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HURDLAND</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HURDLAND</u>		0520		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HURDLAND-NO STREET ADDRESS</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLOTTE</u> b. (Middle) <u>F</u> c. (Last) <u>MAGRUDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 22, 1868</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>RICHARD M. WARREN</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE HATCH</u>		14. NAME OF HUSBAND OR WIFE <u>JUSTUS L. MAGRUDER</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BESSIE M. CLARK HURDLAND 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Medullary Failure</u> DUE TO (c) <u>Dehydration</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Bowel Obstruction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>May 21, 1954</u> <u>May 21, 1954</u> <u>May 21, 1954</u> <u>May 22, 1954</u> <u>May 14, 1954</u> <u>May 22, 1954</u> <u>May 19, 1954</u> <u>May 22, 1954</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</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 <u>May 14</u> , 19 <u>54</u> , to <u>May 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 17</u> , 19 <u>54</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. C. Kelly, D.O.</u>				23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>5-25-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>HURDLAND MO</u>			
DATE REC'D BY LOCAL REG. <u>May-28-54</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunsolt</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Geoff Easley Jr</u>		ADDRESS <u>Hurdland Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

520

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 Geo B. Casley Jr.

Licensed Embalmer No. 3752

P. O. Address Hurdland 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.