No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1954

State File No. 19662

BIRTH NO. 34485-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN: Clarence
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 7 miles so East of Clarence

3. NAME OF DECEASED (Type or Print)
a. (First): Alan
b. (Middle): Craig
c. (Last): Magruder

4. DATE OF DEATH (Month) (Day) (Year): June 3rd 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 26th 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 8 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Kirksville Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Cecil Eugene Magruder
13b. MOTHER'S MAIDEN NAME: Genevieve Hard
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eugene Magruder
ADDRESS: Clarence Mo.

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) Jaundice of newborn — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nutritional defiency — 6 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hemorrhage into pericardium following intracardiac injection

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-2, 1954, *to* 6-3, 1954, *that I last saw the deceased alive on* 6-3, 1954, *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. F. Haerchler M.D.
23b. ADDRESS: Shelbina Mo
23c. DATE SIGNED: 6-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/54
24c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemetery
24d. LOCATION (City, town, or county) (State): Clarence Mo.

DATE REC'D BY LOCAL REG.: 6/8/54
REGISTRAR'S SIGNATURE: Dr E M Luckeby W C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE: Barkelew & Hawkins
ADDRESS: Shelbina Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 15 [illegible]
MARION CO. HEALTH DEPT.
DATE FILED JUN 15 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry A. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina - 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.