

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22478  
Registrar's No. 55

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>55</u>		
1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>PLATTE</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SMITHVILLE, MO.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EDGERTON</b>		R.F.D. <b>0830</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITHVILLE COMMUNITY HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>1/8 mile East of EDGERTON</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>LETTIE</b>		b. (Middle) <b>LOUELLA</b>		c. (Last) <b>MAGET</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 20, 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 9, 1894</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>II</b> Days <b>II</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>DEARBORN, MO. PLATTE CO.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JESSE JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE BYOUS</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. J. MAGET</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. J. MAGET EDGERTON, MO. R.F.D.</b>				
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) <b>Heat prostration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition</b> DUE TO (c) <b>Involuntional melancholia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b> <b>3 mo.</b> <b>1 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>302 XF</b>				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) m.		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>July 8, 1954</u> , to <u>July 20, 1954</u> , that I last saw the deceased <u>live on July 20, 1954</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Libert Masady M.D.</b>				23b. ADDRESS <b>Smithville, Mo</b>		23c. DATE SIGNED <b>July 21, 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 21, '54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SMITHVILLE, MO.</b>		
DATE REC'D BY LOCAL REG. <b>7-21-54</b>		REGISTRAR'S SIGNATURE <b>Marquette Hudson</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>McCOMAS FUNERAL HOME</b>		<b>SMITHVILLE, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Donald W. Hawks

Signed.....  
Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville Missouri

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. . . . .