No. 300
10.48

FILED AUG 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23632

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pineville
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo.
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pineville
d. STREET ADDRESS (If rural, give location) 0600

3. NAME OF DECEASED (Type or Print)
a. (First) Juluis
b. (Middle) William
c. (Last) Magee

4. DATE OF DEATH (Month) (Day) (Year) 7-26-54

5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 16, 1924
9. AGE (In years last birthday) 30
If under 1 year: Months 1 Days 10
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disable Veteran
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Keefer Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John W. Magee
13b. MOTHER'S MAIDEN NAME Dollie Cooper
14. NAME OF HUSBAND OR WIFE Joy Ann Magee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
If yes, give war or dates of service: World War II
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Joy Ann Magee
ADDRESS Pineville 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) Crushed Chest + Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car Accident
DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Hi-way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 06 (STATE) Pineville McDonald Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-26-54 8:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? CAR WRECK.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. M. Humphrey Jr. Coroner
23b. ADDRESS Noel Mo.
23c. DATE SIGNED 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-29-54
24c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery
24d. LOCATION (City, town, or county) (State) Pineville Mo.

DATE REC'D BY LOCAL REG. 7-27-54
REGISTRAR'S SIGNATURE Mayme Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE J. M. Humphrey
ADDRESS Pineville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 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 H. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.