

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28202

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MARCELINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>	
c. LENGTH OF STAY (In this place) <u>13DA</u>		d. STREET ADDRESS (If rural, give location) <u>Curtis E Poplar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			

3. NAME OF DECEASED a. (First) <u>SAMUEL</u> b. (Middle) <u>R.</u> c. (Last) <u>MAGEE</u>			DATE OF DEATH (Month) (Day) (Year) <u>7-26-54</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>14 OCT. 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR (Days) (Hours) (Min.) <u>9 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate - INS.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE - INS</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON Co.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>CHARLES MAGEE</u>		13b. MOTHER'S MAIDEN NAME <u>ADA MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE MAGEE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NUMBER <u>499-30-0099</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St. Francis Hosp - Marceline, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cardiac Dilatation</u> DUE TO (c) <u>coronary Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> NO <input 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)		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 7-18, 1954, to 7-26, 1954, that I last saw the deceased alive on 7-26, 1954, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>Robert W. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>7-26-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-29-54</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u>		401- <u>401</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gas M. Rughla</u> ADDRESS <u>Marceline, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 18 1934

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 George H. Kamm
Licensed Embalmer No. 4425

P. O. Address Marceline, 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.