

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28523**BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **166**

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural-St. James		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp			e. STREET ADDRESS (If rural, give location) 0810 D		
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) Emil	c. (Last) Magnin	4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1873 June 29, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City, and State or Foreign Country) Charrat Switzerland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Magnin		13b. MOTHER'S MAIDEN NAME Rose Critton		14. NAME OF HUSBAND OR WIFE Ruby Magnin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Magnin, St. James, Missouri		
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regenerative Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) Arteriosclerosis general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon				INTELVAL BETWEEN ONSET AND DEATH 12 hrs 36 hrs 10 yrs ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none				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) St James MO			
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 11-30 1950 , to 9-6 1954 , that I last saw the deceased alive on 9-6 1954 , and that death occurred at 8 P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. W. Stricker M.D.		23b. ADDRESS St James MO		23c. DATE SIGNED 9-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 9, 1954	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Missouri		
DATE REC'D BY LOCAL REG. Sept 8, 1954	REGISTRAR'S SIGNATURE Nadine L. Dtoel	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr	ADDRESS St. James, MO		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed SEP 13 1954

DEC 19 1962

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
Signature of Student Embalmer

Signed *C. Jesse Gahr*

Licensed Embalmer No... 4486

P. O. Address St. James, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.