

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34627

State File No.

FILED NOV 12 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hannibal</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1700 Singleton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George H.</u> b. (Middle) <u>Magdanz</u> c. (Last) <u>Magdanz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Midland Milk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hutchinson Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Robert Magdanz</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Jasper</u>	14. NAME OF HUSBAND OR WIFE <u>Viola E. Magdanz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>469 05 8915</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. O.G. Magdanz</u>	ADDRESS <u>Hannibal Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CVA (Cerebrovascular Accident) (Ischemic)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension (unknown duration)</u> 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 <u>331X</u>	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) (m.)	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 9/3/54, 1954, to 10/21/54, 1954, that I last saw the deceased alive on 10/21/54, 1954, and that death occurred at 6:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sam Strong MD</u>	23b. ADDRESS <u>115 N 5th St Hannibal, Mo</u>	23c. DATE SIGNED <u>10/22/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/22/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-25-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lusk By W.C. Fisher</u>	25. JUNE 9 DIRECTOR'S SIGNATURE <u>Crawford</u>	ADDRESS <u>Hannibal Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 9 1954
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 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.....
Signature of Student Embalmer

Signed *John S. Ward*.....
Licensed Embalmer No. 454

P. O. *J. J. ...*

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.