

FILED JAN 11 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1497**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Mineratwp.	c. LENGTH OF STAY (in this place) 2 mo 21 day	c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper County Hosp. Rt. 1		d. STREET ADDRESS (If rural, give location) Rt. 1 Rushville, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRED c. (Last) MAGERS			4. DATE OF DEATH (Month) (Day) (Year) 1 - 7 - 1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-4-1885		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 1 YEAR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY mining		11. BIRTHPLACE (State or foreign country) Leavenworth, Kans		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME WILLIAM F. MAGERS		13b. MOTHER'S MAIDEN NAME ANNA HOLNS		14. NAME OF HUSBAND OR WIFE MINNIE Magers	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis not known.			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" 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) 002 X
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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 **Nov 1, 1953**, to **Jan 7, 1955**, that I last saw the deceased alive on **Jan 7, 1955** and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. P. Laney M.D.	23b. ADDRESS Box 390 Webb City, Mo	23c. DATE SIGNED 1-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. Jan 8 - '55	REGISTRAR'S SIGNATURE Mrs. Madeline Surgen	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo Mortuary
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(Licensed Emballer's Statement on Reverse Side)

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

County File Number
Date Filed **JAN 10 1955**

2000 2 1 1955

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.