

FILED APR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7438**
Registrar's No. **246**

120

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

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5142		State File No. 7438		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neely Twp			c. LENGTH OF STAY (In this place) 20yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Neely Twp			0128		
d. FULL NAME OF HOSPITAL OR INSTITUTION Neelyville RFD				d. STREET ADDRESS (If rural, give location) Neelyville					
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Arnold c. (Last) Magruder			4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1955						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar. 9, 1895		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ripley Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME B. F. Magruder			13b. MOTHER'S MAIDEN NAME Sarah L. Magra Vaughn			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Magruder Neelyville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 28, 1955 , to March 29, 1955 , that I last saw the deceased alive on March 29, 1955 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Marvin R. Barbours MD				23b. ADDRESS Poslan Bluff, Mo			23c. DATE SIGNED 3-30-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Poynor		24d. LOCATION (City, town, or county) (State) Ripley Co., Mo.				
DATE REC'D BY LOCAL REG. 4/4/55		REGISTRAR'S SIGNATURE Ed Muehle			489- McCord Gish		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Naylor, Mo.		

RECEIVED
APR 11 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Suzanne McCord

Licensed Embalmer No. 4079

P. O. Address Way, Wm, Mrs

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.