

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37674**
Registrar's No. **43**

FILED NOV 21 1955

BIRTH NO.		REG. DIST. NO. 292	PRIMARY REG. DIST. NO. 0907	Registrar's No. 43
1. PLACE OF DEATH a. COUNTY Boonville		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Boonville		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coates Coates by Coates		c. CITY OR TOWN Coates	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Stable Rt 1 0180		
3. NAME OF DECEASED (Type or Print) a. (First) Irene b. (Middle) Jay c. (Last) Mague		4. DATE OF DEATH (Month) (Day) (Year) 11-11-55		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-7-1918	
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Light Ask 1	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE	
13a. FATHER'S NAME Earl Hinckley		13b. MOTHER'S MAIDEN NAME Maie Hubbs	14. NAME OF HUSBAND OR WIFE Frank Mague	
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 Frank Mague ADDRESS Stable mo Rt 1	
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) C.V.A. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 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 DOA , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 PM. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) James H. Turner MD		23b. ADDRESS Stable mo		23c. DATE SIGNED 11/13/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-55	24c. NAME OF CEMETERY OR CREMATORY mt Zion	24d. LOCATION (City, town, or county) (State) Stable mo
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE L. J. O'Rourke 249-0		25. FUNERAL DIRECTOR'S SIGNATURE Serman ADDRESS mt G. Stable mo

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

11-333-55

NOV 19 1955

BRANSON COUNTY HEALTH DEPARTMENT
COURT HOUSE PHONE 79
CARUTHERSVILLE, MO.

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 H. German*

Licensed Embalmer No. *425*

P. O. Address *Hayti,*

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.