

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1614**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **31**

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township):<br>OR<br>TOWN <b>JOPLIN</b>   |                                  | c. CITY OR TOWN <b>WEBB CITY</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHNS HOSPITAL</b>  |                                  | e. STREET ADDRESS (If rural, give location)<br><b>814 WEST 3RD</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARGARET</b>   |                                  | b. (Middle) <b>HARDY</b>  |  |
| c. (Last) <b>MAGRUDER</b>   |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JANUARY 18 1956</b>   |  |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>  | 8. DATE OF BIRTH<br><b>MAY 7 1871</b>  |
| 9. AGE (In years last birthday) <b>84</b>   |                                  | IF UNDER 1 YEAR<br>Days <b>8</b>  | IF UNDER 1 HRS.<br>Hours <b>11</b> Mins.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSE WIFE</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DOMESTIC</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>EFFINGHAM, ILL</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>  |                                  | 13a. FATHER'S NAME<br><b>ICHABOD COCHRAN</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>JOSEPHINE ALLEN</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>CLAUDE MAGRUDER</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>CLAUDE MAGRUDER</b>   |                                  | ADDRESS<br><b>WEBB CITY, MO</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident (Thrombosis)</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Cardio-vascular dis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Rt. Breast</b> |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><b>28 days</b>  |                                  | UNKNOWN   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>443xH</b>  |  |
| 20. AUTOPSY?<br>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 <b>12/22, 1955</b> to <b>1/18, 1956</b> that I last saw the deceased alive on <b>1/18, 1956</b> and that death occurred at <b>10:25 p.m.</b> , from the causes and on the date stated above. |                                  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>H. K. Weisman M.D.</b>   |                                  | 23b. ADDRESS<br><b>717 West Blvd Joplin, Mo</b>   |  |
| 23c. DATE SIGNED<br><b>1/20/56</b>  |                                  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 24b. DATE<br><b>1/22/1956</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>MOUNT HOPE CEMETERY</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>WEBB CITY MO</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>1-23-56</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>W. S. James 1380</b>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. S. James 1380</b>   |                                  | ADDRESS<br><b>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1956  
Jasper County Health Office  
County File Number 56-2-90  
Date Filed FEB 1 1956

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 *Richard Gray*.....

Licensed Embalmer No. *444*  
P. O. Address *Webb Co*.....

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.