

Health,
& Welfare
Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43622

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 73

S. 300
ev. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Piedmont
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp.		Length of stay in 1b	d. STREET ADDRESS R R 3 (If outside, give location)
3. NAME OF DECEASED (Type or print) First CHARLEY Middle WILLIAM Last MAGGS		4. DATE OF DEATH 12-18-1957 Month 12 Day 18 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner and shipping clerk		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Springfield, Ill.		12. CITIZEN OF WHAT COUNTRY? US A	
13. FATHER'S NAME Jacob Maggs		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 348-09-2305	17. INFORMANT Esther Dixon. Address Piedmont Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, Acute.			INTERVAL BETWEEN ONSET AND DEATH 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 12-18-57 to 12-18-57 and last saw him alive on 12-18-57 Death occurred at 10:05 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. McPheeters, MD (Degree or title)		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 12-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-18-57	23c. NAME OF CEMETERY OR CREMATORY Auburn, Illinois	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Wells Funeral Home, Auburn, Ill. ADDRESS _____	25. DATE RECD. BY LOCAL REG. 12/23/57	26. REGISTRAR'S SIGNATURE J. W. McPheeters	

RECEIVED

JAN 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 9 1958

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 *Ray P. Adams*
Licensed Embalmer No. _____

Joseph B. ...
P. O. Address _____

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.