

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006346  
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 33

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McLarny Hospital</u>		Length of stay in lb <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>115 West Helm</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>Frederick</u> Last <u>Magnus</u>			4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 6, 1888</u>	9. AGE (In years last birthday) Months <u>1</u> Days <u>29</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u>		11. BIRTHPLACE (City and state or country) <u>Macon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Magnus</u>		13b. MOTHER'S MAIDEN NAME <u>Louis Krauch</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Magnus</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-18-5738</u>	
17. INFORMANT <u>Alice Magnus</u>		Address <u>Brookfield, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post operative shock</u> DUE TO (b) <u>Hemorrhage - intestinal obstruction</u> DUE TO (c) <u>Adhesions band</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Age generally poor nutrition</u>	
20c. TIME OF INJURY Hour <u>11:30</u> Month, Day, Year <u>PM</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5705</u>	
20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>		COUNTY <u>Mo.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>7-9-56</u> to <u>1957</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>3-4-58</u> Death occurred at <u>11:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B D Amell</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Brookfield Mo.</u>	
22c. DATE SIGNED <u>3-5-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 6, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Macon, Missouri</u>		(State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>J. W. Blacklock, Brookfield, Mo.</u>		ADDRESS <u>3-6-58</u>		25. DATE RECD. BY LOCAL REG. <u>3-6-58</u>	
26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		26. REGISTRAR'S SIGNATURE <u>Dep.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded. All diseases in Part I must be causally related.

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 *Gerald I. Wade* .....

Licensed Embalmer No. *4172* .....  
P. O. Address *Brown* .....

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.