

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013722  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 41

0330

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

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Springcreek</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Salem</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D. Road 1 mile Salem</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>D. Road 1 Mi Salem</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Denver - Maggard</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 4 1958</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 15 1909</b>	9. AGE (In years less birthday) <b>48</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stonemason</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>x</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Texas Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>F.E. Maggard</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Schmidt</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Maggard</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>7954</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Maggard Salem Mo</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Causes</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Natural Causes</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>7954 Salem, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hayden B. Powell</i>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Salem, Mo.</b>	23c. DATE SIGNED <b>5-5-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5-7-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salem Mo</b>
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DATE REC'D BY LOCAL REG. <b>5/5/58</b>	REGISTRAR'S SIGNATURE <i>M. M. Hart</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. L. M.</i>	ADDRESS <i>Salem Mo</i>
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MAY 21 1958

MAY 20 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.....  
[Handwritten Signature]

Licensed Embalmer No. 237

P. O. Address... [Handwritten 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.