

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021329

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 195

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u> OR TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Belle</u> <u>0638</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>—</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. St. 11</u>		Length of stay in 1b <u>3 days</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Virgil Amos Magles</u>			4. DATE OF DEATH Month Day Year <u>July 5 - 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 25 - 1901</u>	9. AGE (In years last birthday) <u>56</u>	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe industry</u>	11. BIRTHPLACE (City and state or country) <u>Osage County - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ben Magles</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Posey</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-03-7608</u>	17. INFORMANT <u>Mrs Ethel Graham - Belle - Mo</u>	Address
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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>Cerebral Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Anoxia</u>		<u>2 days</u>
	DUE TO (c) <u>Cerebral Embolus</u>		<u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Heart Disease</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 type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from <u>11-20-57</u> to <u>7-4-58</u> and last saw him alive on <u>7-5-58</u> Death occurred at <u>1:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Wm. Lecker Do.</u>	(Degree or title) <u>2</u>	22b. ADDRESS <u>Belle, Mo</u>	22c. DATE SIGNED <u>7/8/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 7 - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Belle - Mo</u>
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24. FUNERAL DIRECTOR'S NAME <u>Chas. Sasser</u>	ADDRESS <u>Belle - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD - MR</u>
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(Licensed Embalmer's Signature on Reverse Side)
Carol Reed 10 July 1958

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8861 & 2 107

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 *Chertel Lassmann*

Licensed Embalmer No. *4128*

P. O. Address *Blvd - N*

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.