No. 300
10.48

FILED FEB 10 1959

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 59-002417

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 18

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arlington Twp
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. So. of Newburg

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: 0810
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 MI South of Newburg Mo

**3. NAME OF DECEASED** (Type or Print): a. (First) H. b. (Middle) Emma c. (Last) Maguhn

**4. DATE OF DEATH** (Month) (Day) (Year): Feb 6 1959

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: Feb 23 1861
**9. AGE** (In years last birthday): 97 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Germany
**12. CITIZEN OF WHAT COUNTRY?**: Germany

**13a. FATHER'S NAME**: August Maguhn
**13b. MOTHER'S MAIDEN NAME**: Caroline Henrietta
**14. NAME OF HUSBAND OR WIFE**: Unmarried

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Kenneth Wyatt — ADDRESS: Newburg Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) none

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* none

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none
491X
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**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): none m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 25, 1959, *to* Feb 6, 1959, *that I last saw the deceased alive on* Jan 25, 1959, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R E Brewer (Degree or title) MD
**23b. ADDRESS**: Newburg Mo
**23c. DATE SIGNED**: 2-6-59

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb 8, 1959
**24c. NAME OF CEMETERY OR CREMATORY**: Mill Creek Cemetery
**24d. LOCATION** (City, town, or county) (State): South of Newburg Mo.

DATE REC'D BY LOCAL REG.: Feb. 8, 1959
REGISTRAR'S SIGNATURE: Nadene L. Stoll
**25. FUNERAL DIRECTOR'S SIGNATURE**: Lee Johnson — ADDRESS: Newburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed February 9, 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Lee Strawhun

Licensed Embalmer No. 504

P. O. Address Newburg N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.