RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 31 1959

59-029709

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brookfield
Length of stay in 1b: 8 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cramer Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Chariton
c. CITY OR TOWN: Brunswick
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Emma Middle: Crisman Last: Magruder
4. DATE OF DEATH: Month: July Day: 10 Year: 1959
5. SEX: Fe
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 2, 1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Bedford Co. Penn.
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: John Q. Crisman
13b. MOTHER'S MAIDEN NAME: Clara Lincoln
14. NAME OF HUSBAND OR WIFE: Arthur Magruder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Arthur, Magruder, Brunswick, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Primary Carcinoma of left Kidney — INTERVAL BETWEEN ONSET AND DEATH: 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malnutrition — 4 weeks
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec. 1958, to July 10, 59 and last saw her alive on July 10, 1959
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: H. Fowler M.D. (Degree or title)
22b. ADDRESS: Brunswick, Mo.
22c. DATE SIGNED: 7-11-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 12, 1959
23c. NAME OF CEMETERY OR CREMATORY: Elliott Grove
23d. LOCATION (City, town, or county) (State): Brunswick, Mo
24. FUNERAL DIRECTOR: Heisel Funeral Home ADDRESS: Brunswick
25. DATE RECD. BY LOCAL REG.: 8-26-59
26. REGISTRAR'S SIGNATURE: Kathalene Johnson Deputy

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William R. Ko

Signature of Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Brunswick,

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