

FILED VS FEB 8 1960

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 6

STATE FILE NUMBER

|   |   |   |   |  |   |  |
|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MONROE</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>MONROE</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>PARIS, MO</b>   |   | Length of stay in 1b<br><b>22 YEARS</b>   | c. CITY OR TOWN <b>PARIS</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>HILL ST</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>HILL ST</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>CHARLES E. MCGAHEN</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>FEB. 4 1960</b>  |  |   |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>JAN. 19 1884</b>   | 9. AGE (last birthday)<br><b>76</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><b>- 15 0 0</b>                          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GENERAL FARMING</b>   | 11. BIRTHPLACE (City and state or country)<br><b>ILLINOIS</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |  |
| 13a. FATHER'S NAME<br><b>ALFRED MCGAHEN</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>JENNIE MCCLENDON</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>IDA. S. MCGAHEN</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>497-30-8325</b>   | 17. INFORMANT Address<br><b>MRS CHAS. MCGAHEN</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Embolism</b><br>DUE TO (b) <b>Bronchial pneumonia</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 hrs</b><br><b>30 min</b>                    |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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   |  |
| 21. I attended the deceased from <b>Feb 1 60</b> to <b>Feb 4 60</b> and last saw <sup>her</sup> him alive on <b>Feb 4 60</b><br>Death occurred at <b>5/4/60 1:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>M.D.</b>   |   |   | 22b. ADDRESS<br><b>PARIS, MO.</b>   |  | 22c. DATE SIGNED<br><b>2/5/60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>2/6/1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>WALNUT GROVE</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>PARIS, MO.</b>  |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>E.H. AGNEW</b><br><b>PARIS, MO</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>2/5/60</b>   | 26. REGISTRAR'S SIGNATURE<br><b>B.G. BARNETT M.D.</b>   |  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

081 70 32

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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