RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-024741
STATE FILE NUMBER

FILED VS JUL 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6543

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1016 Rutger
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1016 Rutger
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Byron Middle William Last Maggard
4. DATE OF DEATH: Month June Day 26 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6 2 60
9. AGE (last birthday): IF UNDER 1 YEAR: Months, Days 28; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles J. Maggard
13b. MOTHER'S MAIDEN NAME: Peggy Ann Parris
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT: Charles Maggard Address: 1016 Rutger.

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) Bilateral Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dehydration
DUE TO (c) Intestinal constipation through entire large gut
INTERVAL BETWEEN ONSET AND DEATH
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.) 773.0
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title) Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6 29 1960
23c. NAME OF CEMETERY OR CREMATORY St. Trinity
23d. LOCATION (City, town, or county) St. Louis (State) Mo.
24. FUNERAL DIRECTOR McLaughlin ADDRESS 2301 Lafayette
25. DATE RECD. BY LOCAL REG. JUN 28 1960
26. REGISTRAR'S SIGNATURE Hearl Smith, M.D.
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Carbon copy

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 H. G. Fann

Signature of Student Embalmer

Licensed Embalmer No. 3 3 8 4

P. O. Address St Louis

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