SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-024661
STATE FILE NUMBER

AMENDED

Registration District No. 108 Primary Registration District No. _____ Registrar's No. _____

FILED AUG 1 1961

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: 29 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 miles south of Arbyrd — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Arbyrd Rt. 1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 miles south of Arbyrd — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Alta Middle: Mae Last: Magee
4. DATE OF DEATH: Month: July Day: 6, Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/6/1886
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): retired housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Clifton, Tennessee
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charley Gordon
13b. MOTHER'S MAIDEN NAME: Sarah Richardson
14. NAME OF HUSBAND OR WIFE: Elisha Magee (deceased)
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: Claud Magee Address: – Arbyrd, Mo. Rt. 1

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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mel.
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 Feb. 1961, to 7-6-61 and last saw her alive on 7-5-61
Death occurred at 10:25 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Sam D. Watson (Degree or title) MD.
22b. ADDRESS: Cardwell, Mo.
22c. DATE SIGNED: 7-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/6/61
23c. NAME OF CEMETERY OR CREMATORY: Lulu Cemetery
23d. LOCATION (City, town, or county) (State): Dunklin County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Howard Funeral Service-Leachville, Ark.
25. DATE RECD. BY LOCAL REG.: July 27-61
26. REGISTRAR'S SIGNATURE: Mabel T. Douglass

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — ITEM NO. — SHOULD READ — DOCUMENT — BY AFFIDAVIT OF

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_____ Signed W H Howard

Signature of Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Bayshevill

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.