

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015050

FILED VS MAY 9 1960

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 128 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>616 E. Grandriver St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Peter</u> Last <u>Magruder</u>			4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-16-1900</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Power & Light</u>		11. BIRTHPLACE (City and state or country) <u>Colby, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Overall Magruder</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Alice Koch</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Magruder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-01-0455</u>		17. INFORMANT Address <u>Mrs. Gertrude Magruder, Clinton, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 Dead on arrival. to _____ and last saw ^{her}him alive on _____
Death occurred at 2:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>James O. Smith, M.D.</u> (Degree or title)		22b. ADDRESS <u>106 S. Third St, Clinton, Mo.</u>		22c. DATE SIGNED <u>5/3/60</u>
23a. BURIAL, CREMATION, REPOSITARY (Specify)	23b. DATE <u>May 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Vansant Funeral Home, Clinton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>May 4, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

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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 H. A. Tinsant

Licensed Embalmer No. 377

P. O. Address Clinton

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.