

Health & Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038575
STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 336 Primary Registration District No. 6127 Registrar's No. 325

300
1-57

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eminence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy. # 60		Length of stay in lb minutes 10/8	d. STREET ADDRESS (If outside, give location) n
3. NAME OF DECEASED (Type or print) First Middle Last Mary Lou Magness			4. DATE OF DEATH Month Day Year Oct. 8, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1939
9. AGE (In years (Last birthday)) 19 1/2		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eminence, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Orbeey E. Magness	13b. MOTHER'S MAIDEN NAME Lillian Hopkins
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no	16. SOCIAL SECURITY NO. none
17. INFORMANT Francis M. Magness, Eminence, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken neck & Basal fracture			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) One car accident			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Overturned car (1) Thrown free		
20c. TIME OF INJURY 10:10 p.m.	Hour Month Day Year 10/8/58		
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Between Winona & Birch Tree, U.S.60	20e. CITY, TOWN, OR LOCATION Winona	COUNTY Missouri	STATE U.S.60
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. F. Wilson		(Degree or title) Shannon Co. Coroner	22b. ADDRESS Eminence, Mo.
22c. DATE SIGNED 10/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/11/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	23d. LOCATION (City, town, or county) (State) Winona, Missouri
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn View, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Nov 10 1958
26. REGISTRAR'S SIGNATURE Mabel Poes			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Richard A. Norton*

Licensed Embalmer No. *2029*
P. O. Address.... *Mtn View*

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.