

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25972**

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6022		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Richmond Twp.		c. LENGTH OF STAY (In this place) 80 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Richmond		0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles NW Richmond				d. STREET ADDRESS (If rural, give location) 4 miles NW Richmond			
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) Ellen		c. (Last) McGaugh		4. DATE OF DEATH (Month) July (Day) 20 (Year) 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 27, 1866	
9. AGE (In years last birthday) 86		10. MONTHS 9		11. DAYS 23		12. IF UNDER 1 YEAR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Heath		13b. MOTHER'S MAIDEN NAME Irene Smith		14. NAME OF HUSBAND OR WIFE James M. McGaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Hopkins, Rayville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza (Bronch) INTERVAL BETWEEN ONSET AND DEATH 24 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1 - 1953 to July 20, 1953 and that death occurred at 9:30 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. B. Jackson, M.D.				23b. ADDRESS Richmond		23c. DATE SIGNED 7-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery		24d. LOCATION (City, town, or county) (State) Rayville, Missouri	
DATE REC'D BY LOCAL REG. July 22 - 1953		REGISTRAR'S SIGNATURE Maluel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Richmond		ADDRESS Rayville	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890

Wed 22

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
Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 4066

P. O. Address *[Handwritten Address]*

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 this body is not embalmed, fact should be so stated above.