

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Mon. 31172
State File No.

FILED SEP 20 1951

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 3057 Registrar's No. 62

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) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (in this place) 66 yrs.		d. STREET ADDRESS (If rural, give location) 104 Tribble St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 Tribble St.		e. STREET ADDRESS (If rural, give location) 104 Tribble St.	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) THOMAS	c. (Last) MCGAUGH	4. DATE OF DEATH (Month) (Day) (Year) September 8, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 16, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 22	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm operator	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Galen McGaugh	13b. MOTHER'S MAIDEN NAME Emma Dickey	14. NAME OF HUSBAND OR WIFE Martha McGinnis McGaugh
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha McGaugh, Richmond, Mo.	ADDRESS Richmond, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. Heart disease		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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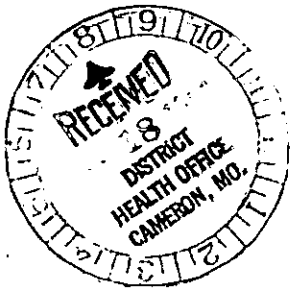
22. I hereby certify that I attended the deceased from **Sept 6, 1951** to **Sept 8, 1951**, that I last saw the deceased alive **Sept 8, 1951** and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (of official) W. L. Jay	(Degree or title) MD	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 9-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 10, 1951	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Mo.
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DATE REC'D BY LOCAL REG. Sept 15-1951	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home	ADDRESS Richmond, Mo.
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WRITES PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.