

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043177

FILED VS NOV 29 1960

297

Primary Registration District No. 6022

Registrar's No. 146

STATE FILE NUMBER

DEED

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, give TOWNSHIP only) OR TOWN Richmond Township			Length of stay in 1b 20 yrs		c. CITY OR TOWN Dockery		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.E. Dockery				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N.E. Dockery		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Henry Dale Magill				4. DATE OF DEATH Month November Day 17 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-17-1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Stock Raising				10b. KIND OF BUSINESS OR INDUSTRY Farming and Stock raising				11. BIRTHPLACE (City and state or country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY United States			
13a. FATHER'S NAME L. S. Magill				13b. MOTHER'S MAIDEN NAME Emma Frances Dale				14. NAME OF HUSBAND OR WIFE Alma Magill					
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. 494-40-5962		17. INFORMANT Address Alma Magill, Richmond, Missouri.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure - amyotrophic lateral Sclerosis										INTERVAL BETWEEN ONSET AND DEATH			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 10-2-55 to 11-17-60 and last saw her alive on 11-15-60 Death occurred on 11-17-60 7:15 A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>H. K. Krawall</i> (Degree or title)				22b. ADDRESS <i>M. D. Richmond</i>				22c. DATE SIGNED 11-18-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-19-1960		23c. NAME OF CEMETERY OR CREMATORY Dockery Cemetery				23d. LOCATION (City, town, or county) (State) Ray County, Missouri					
24. FUNERAL DIRECTOR Quest Life Funeral Home Richmond, Missouri				25. DATE RECD. BY LOCAL REG. 11-22-1960		26. REGISTRAR'S SIGNATURE <i>Malul Jackson</i>							

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George J. Hill

Licensed Embalmer No. 4066

P. O. Address Pittsboro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.