

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014860  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 145

AMENDED

FILED APR 20 1961

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY <b>St Francois.</b>			a. STATE <b>Mo</b> b. COUNTY <b>St Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RR# 2 Bonne Terre, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R R # 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Michael John Magura</b>			4. DATE OF DEATH Month Day Year <b>April 7 1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-96</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mining</b>		11. BIRTHPLACE (City and state or country) <b>Bonne Terre Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Michael John Magura Sr</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Vargo</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie M Magura</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War # 1</b>		16. SOCIAL SECURITY NO. <b>496-14-5721</b>		17. INFORMANT Address <b>Lottie M Magura, RR#2, Bonne Terre, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
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"/> No <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 <u>3-21-61</u> to <u>4-7-61</u> and last saw him alive on <u>4-7-61</u> Death occurred at <u>10:45</u> P.m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harwin J. Haw, Jr. M.D.</b>			22b. ADDRESS <b>Bonne Terre, Mo.</b>		22c. DATE SIGNED <b>4-10-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr 10, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Catholic</b>		23d. LOCATION (City, town, or county) (State) <b>Bonne Terre Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>C.Z. Boyer &amp; Son Bonne Terre Mo</b>		25. DATE RECD. BY LOCAL REG. <b>April 10, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1961

APR 20 1961

**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 Barth T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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