

REC'D DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43174

BIRTH NO. _____		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>6019</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>		c. LENGTH OF STAY (in this place) <u>One Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>5 Miles north of Orrick Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles North of Orrick Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orrick Missouri</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16 52</u>				
3. NAME OF DECEASED a. (First) <u>Maudie</u>			b. (Middle) _____		c. (Last) <u>McGaugh</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28 1884</u>		9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>68</u>	11. DAYS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James McAfee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah O'Dell</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse McGaugh</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Floyd O'Dell Orrick Mo.</u>				
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				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUE TO (b) _____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>331X</u>				
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 <u>12-1-</u> , 19 <u>52</u> , to <u>12-17-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-16-</u> , 19 <u>52</u> , and that death occurred at <u>1:00 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Virgil E. Shade M.D.</u>				23b. ADDRESS <u>Orrick, Mo.</u>		23c. DATE SIGNED <u>12-17-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 18 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 17 - 1952</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Good-Bailey</u>		ADDRESS <u>Orrick Mo.</u>		

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

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**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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Oriskany 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.