

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25608**

FILED AUG 25 1948
Registration District No. **3**

Primary Registration District No. **5135**

Registrar's No. **271**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Quin, Missouri - R#2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home Asst Hill Twp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William McIver**
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mary McIver** 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **August 1, 1864**
(Month) (Day) (Year)

8. AGE: Years **84** Months **0** Days **15** If less than one day hr. min.

9. Birthplace **UNKNOWN INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Lumber Man**

11. Industry or business
12. Name **UNKNOWN**
13. Birthplace **"**
14. Maiden name **UNKNOWN**
15. Birthplace **"**

16. (a) Informant **Mrs. Philip Hays - Daughter**
(b) Address **Quin, Missouri - R. 2**
17. (a) **Burial** (b) Date thereof **Aug. 18, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Quin Cemetery**

18. (a) Signature of funeral director **L. A. Ness Funeral Home**
(b) Address **Campbell, Missouri**
19. (a) **8/22/48** (b) **R. W. Minette**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **Quin - Route #2**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **16**
year **1948** hour **11:** minute **05** P.M.
21. I hereby certify that I attended the deceased from **8/16/48** to **8/16/48**, 19**48**
that I last saw him alive on **8/16**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular heart disease**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **g7 P**
Of autopsy
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (b) Means of injury
23. Signature **H. J. Pritchard** M. D. or other
Address **Campbell Mo** Date signed **8/17/48**

MOTHER FATHER

RECEIVED
District Health Office No.

District File Number 848-100

Date Filed 8-23-

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.