

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3983

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5065 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal, Rural - Ozark</u>	c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal - Rural - Ozark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles West of Liberal</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ophelia</u> c. (Last) <u>McKay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1878</u>
9. AGE (In years last birthday) <u>70</u>		10. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Butler Co., Kentucky</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Ellamon Thomas Benton McKay</u>	
14. NAME OF HUSBAND OR WIFE <u>Miss Haze McKay</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Haze McKay, Liberal, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>adenocarcinoma of thyroid</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>194X</u>	
19a. DATE OF OPERATION <u>1946</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of thyroid</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>46</u> , to <u>Feb 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>49</u> , and that death occurred at <u>6:40 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Allen W Sandridge M.D.</u>		23b. ADDRESS <u>Mulberry Kansas</u>	
23c. DATE SIGNED <u>2/19/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal City</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberal Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb 23, 1949</u>	
REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.M. Berkey Mulberry, Ks.</u>	

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

96

RECEIVED

District Health Officer No. 6,

District File Number 349-212

Date Filed 3-3-49

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

J. M. Berkeley

Licensed Embalmer No. 2236

P. O. Address Waukegan, Kans.

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.