

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5318

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper 49	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 918 W. 1st Street /		d. STREET ADDRESS (If rural, give location) 918 West 1st Street	
3. NAME OF DECEASED a. (First) Ivan b. (Middle) Robert c. (Last) McMechan			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1949
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH June 11, 1911
9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 7	IF UNDER 24 HOURS Days 24	IF UNDER 24 HOURS Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Webb City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J.H. McMechan	
13b. MOTHER'S MAIDEN NAME Pearl Carson		14. NAME OF MARRIED OR WIFE Wilma McMechan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Wilma McMechan, Webb City, Mo.		ADDRESS _____	
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* (a) Gastric Carcinoma  ANTECEDENT CAUSES Morbid 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.  15 1A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 1-27, 1949, to 2-2, 1949, that I last saw the deceased alive on 2-2, 1949, and that death occurred at 5:05A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
24d. LOCATION (City, town, or county) Webb City, Mo.		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. FEB. 9; 1949		REGISTRAR'S SIGNATURE [Signature]	
FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.	

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.

Signed Clayton M. Johnston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.