

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19277

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>		
b. CITY OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>10yr</u>	c. CITY OR TOWN <u>Trenton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 E. 6th St 1</u>			d. STREET ADDRESS (If rural, give location) <u>308 E 6th 2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN</u> b. (Middle) <u>M'CALLEY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-1949</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 19 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Marshall M'Calley</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Hyde</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza M'Calley</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Marjorie M'Calley</u> ADDRESS <u>Trenton 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c) <u>Arteriosclerosis General</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4701</u>			

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)
--	--	---

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 6-2-, 1949, to at Trenton, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Johnson W.P.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>6-2-49</u>
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunphy Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dunphy Mo</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6/2/49</u>	REGISTRAR'S SIGNATURE <u>Jane Jaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P.K. Raymondson</u> ADDRESS <u>Galt Mo</u>
--	---------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

P.K. Payne Jr

Signed.....

Student Embalmer

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.