

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22678

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5125</u>		Registrar's No. <u>861</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center RR#5</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center RR#5</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Mi. S. &amp; E. of St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. S. &amp; E. of St. Joseph</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tursey</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>McVay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 18, 1855</u>	9. AGE (In years last birthday) <u>94</u>	10. MONTHS <u>1</u>	11. DAYS <u>16</u>	12. HOURS <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Lynn</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Harness</u>		14. NAME OF HUSBAND OR WIFE <u>Isiah McVay</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 <u>R. V. McVay</u>		ADDRESS <u>RR # 5</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>				4-22	
				DUE TO (c) <u>Fracture of hip 1944</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac De-compensation for months.</u>					
19a. DATE OF OPERATION <u>none</u>		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) (Min.)		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>July 1, 1949</u> , to <u>Aug 4, 1949</u> , that I last saw the deceased alive on <u>July 31, 1949</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Grant M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8.6.49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Near St. Joseph Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 11, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u> ADDRESS <u>General 3192. 10 St. Joseph Mo.</u>			

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

67614 100  
OCT 14 1949

Mr. E. J. Smith

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Jax

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.