

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39940**

FILED NOV 23 1949

BIRTH NO. _____ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **6177** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY SULLIVAN MO.	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Buchanan		c. CITY (If outside corporate limits, write RURAL and give township) RURAL BUCHANAN	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 7 MILES NORTH WEST OF GREEN CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 MILES NORTH WEST OF GREEN CITY			

3. NAME OF DECEASED a. (First) JOSIAH b. (Middle) GUY c. (Last) M^cNABB			4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 15 1886		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	

13a. FATHER'S NAME GREENBERRY M^cNABB		13b. MOTHER'S MAIDEN NAME MARTHA BANNER		14. NAME OF HUSBAND OR WIFE VADA M^cNABB	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Vada M^cNabb	
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.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) + hypertension		ADDRESS Green City, Mo INTERVAL BETWEEN ONSET AND DEATH 36 hours years	

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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)		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 **7:00**, 1949, to **Nov 7, 1949**, that I last saw the deceased alive on **Nov 7, 1949**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Phas L. Judd D.O.		23b. ADDRESS Warrensburg Mo		23c. DATE SIGNED 11/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet CEMETERY	
DATE REC'D BY LOCAL REG. Nov. 14, 1949		REGISTRAR'S SIGNATURE Laura Catlett		24d. LOCATION (City, town, or county) (State) Green City Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Chas E. Hunt		ADDRESS 500 Green City		415	

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

105
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RECEIVED NOV 22 1949
District Health Officer No. 10
District File Number 11-49-248
Date Filed NOV 22 1949

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 Karl R. Kent
Licensed Embalmer No. 4689

P. O. Address Green 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.