

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40040

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

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4347 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. CITY (If outside corporate limits, write RURAL and give township) Grant City	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) 02	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) Ann c. (Last) McKim			4. DATE OF DEATH (Month) (Day) (Year) 11 3 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 1, 1864
9. AGE (In years last birthday) 85		10. MONTHS 7	10. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Gentry County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Ross		13b. MOTHER'S MAIDEN NAME Icyphe Coffman	14. NAME OF HUSBAND OR WIFE Bryant McKim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis McKim Grant City, Mo.	
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.			INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage			10 yrs
ANTECEDENT CAUSES Asterisk conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			
DUE TO (c)			3 3/4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <input checked="" type="checkbox"/>	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 Oct. 20, 1949 , to 11-3, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. Ross M.D. (Degree or title)		23b. ADDRESS Grant City, Mo.	23c. DATE SIGNED 11-4-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-1949	24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery	24d. LOCATION (City, town, or county) (State) Grant City, Mo.
DATE REC'D BY LOCAL REG. Nov. 14, 1949	REGISTRAR'S SIGNATURE Leta E. Dawson	345	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dunfee Grant 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.

Student
Student Embalmer

Signed Arch C Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.