

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 107

0060

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

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5067</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal RR</u>		c. LENGTH OF STAY (in this place) <u>63 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal RR Central Twp</u>		0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Central Twp</u>				d. STREET ADDRESS (If rural, give location) <u>Liberal RR</u>			
3. NAME OF DECEASED (Type or Print) <u>Pressley Thornton McGlanahan</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Jan. 25 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar</u>		8. DATE OF BIRTH <u>May 11, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James McGlanahan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rimel</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda M.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Lucinda McGlanahan, No. 7201</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					
		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. <u>7201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0 0 0 0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>1/22, 1950</u> , to <u>1/25, 1950</u> , that I last saw the deceased alive on <u>1/22, 1950</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. B. Edgerson, M.D.</u>				23b. ADDRESS <u>Liberal MO</u>		23c. DATE SIGNED <u>1/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 28 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 30 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berkey</u>		ADDRESS <u>Michberry, Mo</u>	

MAR 8 1950

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RECEIVED JAN 31 1950

District Health Office No. 6,

District File Number 450-156

Date Filed 1-31-50

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 J. M. Serhey

Licensed Embalmer No. 2336

P. O. Address Mulberry Kansas

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.