

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5794

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS <u>1313 Wright</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cormick Hospital</u>		e. RURAL, GIVE LOCATION	
3. NAME OF DECEASED a. (First) <u>GRACIE</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>Mc KANE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. - 24 - 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. - 28 - 1883</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Macon Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John L. McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Georgann Burton</u>	14. NAME OF HUSBAND OR WIFE	
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>Miss Elsie M Kane</u> ADDRESS <u>2115 Harlan Jordan MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 minutes</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>automobile accident causing skull fracture.</u>	
DUE TO (c) <u></u>		F8134	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		25	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>127</u>		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.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>crossing street & struck by auto</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 24</u> , 19 <u>50</u> , to <u>Feb. 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 24</u> , 19 <u>50</u> , and that death occurred at <u>7 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. McCormick, M.D.</u>		23b. ADDRESS <u>Moberly MO</u>	23c. DATE SIGNED <u>2-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March - 2 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-2-50</u>	REGISTRAR'S SIGNATURE <u>Leah Nellie Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>How Funeral Home</u>	ADDRESS <u>Moberly MO.</u>

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

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RECEIVED MAR 7 1950
District Health Officer No. 10
District File Number 7-50-1392
Date Filed MAR 7 1950

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 _____

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherby 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.