

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7445

State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6276</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Township</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sheridan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Township</u> d. STREET ADDRESS (If rural, give location) <u>Sheridan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Albert</u> c. (Last) <u>McConahay</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>3 15 1854</u>	
9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Crawfordsville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert R. McConahay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Beauchamp</u>		14. NAME OF HUSBAND OR WIFE <u>Jane McConahay</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 ADDRESS <u>Rinaldo McConahay Sheridan, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis</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) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Incarcerated Inguinal Hernia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>45011</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>1950</u> , that I last saw the deceased alive on <u>1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Materson</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>2/24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Isadora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 1-1950</u>		REGISTRAR'S SIGNATURE <u>John E. Rawson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John C. Dumble, Grant City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Signed Arch C. Duffee

Signed _____
Student Embalmer

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.