

THE DIVISION OF HEALTH OF MISSOURI
 FILED AUG 14 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23378

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 4211 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville	c. LENGTH OF STAY (If in place) 44 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville 041	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Willis c. (Last) M ^c Kay			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 17, 1906	9. AGE (In years last birthday) 43	10. MONTHS 10	11. DAYS 11	12. HOURS 11	13. MIN. 11
-------------	--------------------	--	--------------------------------	------------------------------------	---------------	-------------	--------------	-------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Sabarin		10b. KIND OF BUSINESS OR INDUSTRY Sabarin		11. BIRTHPLACE (State or foreign country) Eagleville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
--	--	---	--	--	--	-----------------------------------	--

13a. FATHER'S NAME James M ^c Kay		13b. MOTHER'S MAIDEN NAME Ann Choate		14. NAME OF HUSBAND OR WIFE Nora Delores M ^c Kay			
---	--	--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-07-6461		17. INFORMANT'S SIGNATURE OR NAME Theodore M ^c Kay				ADDRESS	
---	--	-------------------------------------	--	---	--	--	--	---------	--

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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4501	
---	--	---	--	--	--	--	--	--	--

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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert R. Boggess (Degree or title) Coroner		23b. ADDRESS Kid Seway Mo		23c. DATE SIGNED 7-28-50	
--	--	---------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, '50	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Eagleville, Mo		
--	------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. 8-1-'50		REGISTRAR'S SIGNATURE Char. Adair, 119		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gerald W. Boggess	
----------------------------------	--	--	--	--	--

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

No. 300
10-48

MAR 2 1951



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 Gerald W. Boggs

Signed _____
Student Embalmer

Licensed Embalmer No. 4762

P. O. Address Camden, 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.