

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36801**

FILED DEC 1 1950

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5480** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Trenton TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Trenton TWP	
c. LENGTH OF STAY in this place life		d. STREET ADDRESS (If rural, give location) R. 70 # Trenton No 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 70 # Trenton no. 2			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) ARTHUR c. (Last) M^cWAID			4. DATE OF DEATH (Month) (Day) (Year) NOV, 17, 1950		
5. SEX U MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 1 1890		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Days 2 IF UNDER 24 HRS. Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm for self		11. BIRTHPLACE (State or foreign country) Grundy county	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harland B. McWaid		13b. MOTHER'S MAIDEN NAME Estella K. Collins	
14. NAME OF HUSBAND OR WIFE Ruth A. Keeper McWaid		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES May 29-1918 - Feb 13 1919		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ruth A. McWaid		18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Chronic myocarditis					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4/201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Dec 11-17, 1950 to as coroner , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:50 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Mace Susan		23b. ADDRESS Trenton no		23c. DATE SIGNED 11-18-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY 2007 Cemetery	
24d. LOCATION (City, town, or county) (State) Edinburg, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drene Davis		25. ADDRESS Blackmore, Trenton, Mo.	

DATE REC'D BY LOCAL REG. 11-20-50		REGISTRAR'S SIGNATURE Drene Davis		25. FUNERAL DIRECTOR'S SIGNATURE Drene Davis		25. ADDRESS Blackmore, Trenton, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1950

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FILED
ENCLOSURE
DEC 1 - 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

working under my personal supervision.

Student Embalmer No.....

Signed

J. Gordon Blackmer

Signed.....

Student Embalmer

Licensed Embalmer No. *4602*

P. O. Address *Winton, 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.