No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38097

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 370

0883

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

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1002 Myra

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 1002 Myra.

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) c. (Last) McNamara

4. DATE OF DEATH (Month) Nov. (Day) 6th (Year) 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single **8. DATE OF BIRTH** July 24th 1868 **9. AGE** (In years last birthday) 82 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Athome **10b. KIND OF BUSINESS OR INDUSTRY** ? **11. BIRTHPLACE** (State or foreign country) New York **12. CITIZEN OF WHAT COUNTRY?**

13a. FATHER'S NAME James McNamara **13b. MOTHER'S MAIDEN NAME** Margaret Barnes **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓ **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT'S SIGNATURE OR NAME** Mrs Harvey Nichols **ADDRESS** Moberly Mo

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) Senility — INTERVAL BETWEEN ONSET AND DEATH

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. Kyphosis – Psychosis — 794 X

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* Jan 1, 1946, *to* Nov 6, 1950, *that I last saw the deceased alive on* Nov 30, 1950, *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. McKeff, M.D. **23b. ADDRESS** Moberly, Mo **23c. DATE SIGNED** 11/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Nov 9th 1950 **24c. NAME OF CEMETERY OR CREMATORY** St Mary's **24d. LOCATION** (City, town, or county) Moberly, Mo. (State)

DATE REC'D BY LOCAL REG. Nov 9-50 **REGISTRAR'S SIGNATURE** Leah Williams Lowry 269 **25. FUNERAL DIRECTOR'S SIGNATURE** Mahan and Son **ADDRESS** Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-56-1914
Date Filed: NOV 14 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 Frank D. DeWitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.