No. 300
10-48

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

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39666

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6267 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: Webster-Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Marshfield~~
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield, Mo. 8 miles
d. STREET ADDRESS (If rural, give location): North of Marshfield Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Homer
c. (Last): McNabb

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1885
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John McNabb
13b. MOTHER'S MAIDEN NAME: Letha Rust
14. NAME OF HUSBAND OR WIFE: Pearl McNabb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Pearl McNabb
ADDRESS: Marshfield R.1. 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 3½ wks.
DUE TO (c) Arteriosclerosis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. a 2 2 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* 3-30, 19 46 *to* 10-27, 19 50, *that I last saw the deceased alive on* 10-25, 19 50, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) D.O.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 11/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29 1950
24c. NAME OF CEMETERY OR CREMATORY: Timber Ridge
24d. LOCATION (City, town, or county) (State): Webster County, Mo.

DATE REC'D BY LOCAL REG.: 11-13-50
REGISTRAR'S SIGNATURE: [illegible] 392
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur Bruce
ADDRESS: Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 11 50 - 2347

Date Filed 11/29/50

SEP 18 1952

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.