

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1765

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place) 3 MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
		d. STREET ADDRESS (If rural, give location) 128 W. Santa Fe.	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) R	
		c. (Last) McGregor	
4. DATE OF DEATH (Month) (Day) (Year) JAN 25 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 18, 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) St. Catherine, Mo
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Duncan McGregor		13b. MOTHER'S MAIDEN NAME Margaret Robinson	
		14. NAME OF HUSBAND OR WIFE Alice McGregor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
		17. INFORMANT'S SIGNATURE OR NAME Alice McGregor, Marceline 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) <i>Coronary Heart Disease - thromboembolism</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Interstitial Nephritis</i> 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 3 yr 2 yr 592X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 15, 1942, to Jan 23, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Roy R. Haley, M.D.		23b. ADDRESS Brookfield, Mo.	
		23c. DATE SIGNED Jan 26 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 28, 1951	
24c. NAME OF CEMETERY OR CREMATORY New Garden		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.	
DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Mary Jane Owens	
		25. FUNERAL DIRECTOR'S SIGNATURE James M. Raughlin	
		ADDRESS Marceline, Mo	

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

0581

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Date Received: 2-2-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-322
Date Filed: FEB 6 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.

Student _____
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.