

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. 15980

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mirabile rural 0130	d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Alton c. (Last) Mc Nary			4. DATE OF DEATH (Month) (Day) (Year) 5 18 51		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12 -31 -1876	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James A. Mc Nary		13b. MOTHER'S MAIDEN NAME Sarah C. Crane		14. NAME OF HUSBAND OR WIFE Elva Mc Nary Mirabile mo.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elva Mc Nary, Polo, Mo.	
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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, asthma, 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) Diabetes Mellitus				3 mo	
		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. Insulin Shock				3 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 10, 1950, to 5-18, 1951, that I last saw the deceased alive on 5-18, 1951, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm A. Moser		23b. ADDRESS Polo Mo		23c. DATE SIGNED 5-20-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-20-51	24c. NAME OF CEMETERY OR CREMATORY Mirabile Cemetery	24d. LOCATION (City, town, or county) (State) Mirabile Missouri		
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DATE REC'D BY LOCAL REG. 5-22-51	REGISTRAR'S SIGNATURE Wmfred W. Moser 390		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Mo.		
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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.....

Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.