

STANDARD CERTIFICATE OF DEATH

State File No. 29994  
845  
Registrar's No.

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>23 Years</u>		d. STREET ADDRESS (If rural, give location) <u>1007 East Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1007 East Central</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBON</u>		b. (Middle) <u>C.</u>		c. (Last) <u>McVAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 2 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 5, 1879</u>	
9. AGE (In years less birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Boiler maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Jane McVay</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Jane McVay, Springfield, Mo</u>		ADDRESS <u>Springfield, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Strangulation by hanging</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation by hanging</u>		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 7 1951 10:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hung self</u>	

22. I hereby certify that I attended the deceased from 10 to 10, 1951, that I last saw the deceased alive on 10, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. Allen Pickens, Coroner</u>		23b. ADDRESS <u>407 Medical Arts Bldg.</u>		23c. DATE SIGNED <u>10-3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 4 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cashawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-4-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeigel</u>		ADDRESS <u>Springfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

0396

E974X

DEC 4 1951

DEC 18 1951

DEC 12 1951

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Greene } ss.

State File No. 29994  
Local Registrar's No. 845

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 8th day of December, 19451, before me appears.....

Dr E Allen Pickens, who, upon his oath, states that the original record of birth death

for Albon C McVay, <sup>died</sup> ~~born~~ October 2, 1951, in the State of Missouri, and which was filed at Springfield on Oct 3, 1951, should be corrected as follows:

Item No. 4 should read October 2, 1951

Instead of October 1, 1951

Item No. 21D should read October 2, 1951 1:00 A.M.

Instead of October 1, 1951 10PM

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant..... Relationship.

ATTESTED: Dr. E. Allen Pickens

Present Address.

**Dr. E. Allen Pickens, Coroner**

Subscribed and sworn to before me this..... day of....., 194.....

My Commission expires..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.