

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3847

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>	c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Green City 1050</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellis</b>	b. (Middle) <b>Field</b>	c. (Last) <b>McDole</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George McDole</b>	13b. MOTHER'S MAIDEN NAME <b>Cynthia Isabelle Wright</b>	14. NAME OF HUSBAND OR WIFE <b>Alice M. McDole</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alice M. McDole, Green City, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute apoplectic bulbar palsy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular</b> years DUE TO (c) <b>disease with myocardial insufficiency</b> years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>chronic nephritis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>
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22. I hereby certify that I attended the deceased from **2/4**, 19**52**, to **2/9**, 19**52**, that I last saw the deceased alive on **2/9**, 19\_\_\_\_, and that death occurred at **9:35P m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. C. ...</i>	(Degree or title)	23b. ADDRESS <b>Kirkville, Mo.</b>	23c. DATE SIGNED <b>2/10/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 14, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Green City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-14-52</b>	REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Glenn E. Kent &amp; Son, Green City, Mo.</i>
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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 Karl B. Lent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.