S. No. 300
10.48

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15347

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 5

1030

1. PLACE OF DEATH
a. COUNTY STODDARD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADVANCE
c. LENGTH OF STAY (in this place) 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ADVANCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY STODDARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADVANCE 1030
d. STREET ADDRESS (If rural, give location) ADVANCE

3. NAME OF DECEASED (Type or Print) a. (First) NATHAN b. (Middle) c. (Last) McKEARLY

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Jan. 22, 1863
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOTARY PUBLIC
10b. KIND OF BUSINESS OR INDUSTRY NOTARY PUBLIC
11. BIRTHPLACE (State or foreign country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN McKEARLY
13b. MOTHER'S MAIDEN NAME NOT KNOWN
14. NAME OF HUSBAND OR WIFE NELLIE McKEARLY

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. NONE
17. INFORMANT'S SIGNATURE OR NAME NELLIE McKEARLY ADDRESS ADVANCE, 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) Myocarditis & Embolic
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* 5 Sept, 1949, *to* 22 Jan, 1952 *that I last saw the deceased alive on* 27 Jan, 1952, *and that death occurred at* 8:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. [illegible] (Degree or title) D.O.
23b. ADDRESS Advance, Mo
23c. DATE SIGNED 9 Feb 52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 30, 1952
24c. NAME OF CEMETERY OR CREMATORY MORGAN MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) ADVANCE MISSOURI

DATE REC'D BY LOCAL REG. 3/14/52
REGISTRAR'S SIGNATURE Bernice Moore 360-1
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd S. Morgan ADDRESS Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 William H. Morgan, working under my personal supervision.

Student Embalmer No.....

Signed William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo

Signed.....
Student Embalmer

**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.