

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

~~JUL~~ JUL 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Care Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>McNally</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1952</u>		
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5. SEX <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1890</u> <u>April 2, 1890</u>	9. AGE (In years last birthday) <u>63</u>	10. IF UNDER 1 YEAR Months <u>2</u>	11. IF UNDER 4 HRS. Days	12. IF UNDER 15 HRS. Hours	13. IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
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13a. FATHER'S NAME <u>John McNally</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hale</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle McNally</u>			
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle McNally Eagleville, Mo</u>			
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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) <u>Cerebro Vasomotor Paralysis</u>						<u>24 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro-Vasomotor Paralysis</u>						<u>unknown</u>	
		DUE TO (c) <u>Hypertensive Heart Disease</u>						<u>3 yrs</u>	
		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 <u>442-X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>-</u>	
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22. I hereby certify that I attended the deceased from April 4, 1952, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clara C. Curtis, D.O.</u>		23b. ADDRESS <u>Bethany - Missouri - 6-6-52</u>		23c. DATE SIGNED <u>6-6-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 6, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robbs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>July 10-52</u>		REGISTRAR'S SIGNATURE <u>S. O. Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronald W. Boggan Eagleville, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*Serald W. Boggs*

Licensed Embalmer No. *2762*

P. O. Address

*Eagleville, 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.