S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1952

State File No. 33934

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: SHANNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BIRCH TREE, MO.
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: ¼ mi. W Birch Tree Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Garfield
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enid
d. STREET ADDRESS (If rural, give location): 720 W. Wabash

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): L.
c. (Last): McKAY

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 26 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Sept 25, 1926
9. AGE (In years last birthday): 25
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER
10b. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE
11. BIRTHPLACE (City and State or Foreign Country): ENID, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: HARRY L. MC KAY
13b. MOTHER'S MAIDEN NAME: AUDREY
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 446-22-3042
17. INFORMANT'S SIGNATURE OR NAME: Mr. H.L. McKay
ADDRESS: Enid, Okla

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) Basal skull fracture & — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (b) Deep throat laceration & — INTERVAL BETWEEN ONSET AND DEATH

DUE TO (c) much hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immed.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ¼ mi W Birch Tree
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BIRCH TREE SHANNON MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): AUG. 26 52 0600 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car left road hitting tree.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rufus F. Wilson DO Co. Shannon County
23b. ADDRESS: Eminence Mo
23c. DATE SIGNED: 9-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/26/52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Enid Garfield Oklahoma

DATE REC'D BY LOCAL REG.: 9-13-52
REGISTRAR'S SIGNATURE: Mabel Raeen 447-
25. FUNERAL DIRECTOR'S SIGNATURE: Duncan's Mt View Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1952

FEB 6 1953

SEP 24 19

SEP 22

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 Joe B. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt Vernon 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.