

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42608

State File No. _____

LED JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOBLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 2205 PENN.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) EWING		c. (Last) MC NALLY		DEC. 26 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 2 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED PRINCIPAL		11. BIRTHPLACE (City and State or Foreign Country) CASSVILLE, MO.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME PETER MC NALLY		13b. MOTHER'S MAIDEN NAME EMILY SMITH		14. NAME OF HUSBAND OR WIFE MAUDE MC NALLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAUDE MC NALLY 2205 PENN JOPLIN	

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary occlusion			3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic myocarditis			3-6 yrs?
		DUE TO (c) Essential Hypertension			20 yrs?
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 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1946, 19 , to Dec 26, 1952, that I last saw the deceased alive on 26 Dec, 1952, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Gourse M.D.		23b. ADDRESS Miss Bldg. Joplin, Mo.		23c. DATE SIGNED 12-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-28-52		24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT	
24d. LOCATION (City, town, or county) (State) PURDY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY JOPLIN, MO.			
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Ed. B. James 138			

(Licensed Embalmer's Statement on Reverse Side)

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

495
C

RECEIVED 1-5-53
Jasper County Health Office

County File Number 53/1/11

Date Filed 1-6-53

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.