

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42961

State File No. ....

No. 300

10-48

DEC 29 1952

BIRTH NO. ....

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 3048

Registrar's No. 274

42

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 3 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1302 E. Thompson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville 0742	
		d. STREET ADDRESS (If rural, give location) 1302 East Thompson 0	
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE b. (Middle) L. c. (Last) MCNAIR			4. DATE OF DEATH (Month) (Day) (Year) 12 21 52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/28/75
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Keokuk, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W. T. McVey		13b. MOTHER'S MAIDEN NAME Mary Taylor	
14. NAME OF HUSBAND OR WIFE David McNair		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David McNair, Maryville, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hepatitis Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis DUE TO (c) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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)		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 July 19 <sup>52</sup> to Dec. 21, 19 <sup>52</sup> , that I last saw the deceased alive on 12-20, 19 <sup>52</sup> , and that death occurred at 3:20A m., from the causes and on the date stated above.			
23a. SIGNATURE M.C. Bannan		23b. ADDRESS (Degree or title) M. D. Maryville, Missouri	
23c. DATE SIGNED 12/23/52			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 12/21/52	
24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield, Iowa	
DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE Bess Holt 224	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Price Funeral Home, Maryville, Mo.	

**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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.