

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4707

State File No.

FILED MAR 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>	
c. LENGTH OF STAY (If this place) <u>2 days</u>		0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim Smith Mem. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLLIE</u>	b. (Middle) <u>I</u>	c. (Last) <u>McVay</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1953</u>
-------------------------------------	-------------------------	----------------------	------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb 6, 1873</u>	9. AGE (In years last birthday) (Specify) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	---------------------------	---	-------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Schuyler Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>William D. McVay</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Jennie Mc Cardless Downing, Mo.</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>4200</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Jennie Mc Cardless Downing, Mo.</u>
--	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			<u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4200</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u>		<u>2 years</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 2-23, 1953, to 2-24, 1953, that I last saw the deceased alive on 2-24, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Jones, MD</u>	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>2/25/53</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>	24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>State Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moore Funeral Home Downing, Mo.</u>
---	--	---

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

H. Payne

Licensed Embalmer No.

P. O. Address.....

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.