

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20396

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. A. 108

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY: <u>Contra Costa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>17 Hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakland</u> <u>8040</u>	
		d. STREET ADDRESS (If rural, give location) <u>3717 Keller Ave. Zone 5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) <u>Hamilton</u> c. (Last) <u>McGary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 11-1872</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Board of Education</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Caretaker-Schools</u>	
11. BIRTHPLACE (State or foreign country) <u>Wainwright, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Nisbet McGary</u>			
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>569-20-9886</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. W. McGary - Oakland, California</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>4/20/</u>	
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 <u>May 21</u> , 19 <u>53</u> , to <u>May 21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 21</u> , 19 <u>53</u> , and that death occurred at <u>7:50 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <u>Arthur W. Kayner M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>	
23c. DATE SIGNED <u>5/21/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>5/25/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elk River City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-22-1953</u>		REGISTRAR'S SIGNATURE <u>Brian S Gray 385</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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 J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.