

STANDARD CERTIFICATE OF DEATH

State File No. **21099**

FILED JUL 9 - 1953

BIRTH NO. _____

REG. DIST. NO. **77**PRIMARY REG. DIST. NO. **3016**Registrar's No. **185**

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (In this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS (If rural, give location) Holt Summit
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Bess b. (Middle) J. c. (Last) McKim			4. DATE OF DEATH (Month) (Day) (Year) July 6 53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 12 1875	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 11 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Callaway Co Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John T. Gathright		13b. MOTHER'S MAIDEN NAME Betty Harris		14. NAME OF HUSBAND OR WIFE John McKim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mildred Hall Wellensburg Mo		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. rite undetermined				
	DUE TO (b) probable abdominal aortic aneurysm				
	DUE TO (c) oesophageal varices				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4621			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) (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 July 3, 1953 , to July 6, 1953 , that I last saw the deceased alive on July 6, 1953 and that death occurred at 1:10 pm. , from the causes and on the date stated above.					
23. SIGNATURE Cecil A. Taylor MD			23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED 7-6-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE July 8-53	24c. NAME OF CEMETERY OR CREMATORY Union Hill	24d. LOCATION (City, town, or county) (State) Holt Summit Mo		
DATE REC'D BY LOCAL REG July 6 - 1953	REGISTRAR'S SIGNATURE R.P. Davis MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walt Clappool N.B. Mo		

(Licensed Embalmer's Statement, on Reverse Side)

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

2640

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 L. H. Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield Pa

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.