

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21451

State File No.

p. 300
p. 48

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY <u>IRON</u> b. CITY OR TOWN <u>Ironton</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN <u>Des Arc</u> d. STREET ADDRESS (If rural, give location) <u>0970</u> <u>0</u>	
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3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u> b. (Middle) <u>ORVAL</u> c. (Last) <u>McNANNA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-53</u>
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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>Feb. 14, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Rella McNanna</u>	13b. MOTHER'S MAIDEN NAME <u>Ellie Drake</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Mae Vaughn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen McNanna</u> <u>Des Arc, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</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.	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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?
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22. I hereby certify that I attended the deceased from 6-8, 1953, to 6-11, 1953, that I last saw the deceased alive on 6-11, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George W. Jones M.D.</u>	23b. ADDRESS <u>Ironton Mo.</u>	23c. DATE SIGNED <u>6-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc</u>	24d. LOCATION (City, town, or county) (State) <u>Des Arc, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Vera Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman H. Heath Belmont, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

1933
Dec.

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

Norman W. Gish

Licensed Embalmer No. *3387*

P. O. Address *Bedford, 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.