No. 300
10.48

FILED JUN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22075

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 59

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

1. PLACE OF DEATH
a. COUNTY: Lawrence County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora, Mo.
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora 0551 0
d. STREET ADDRESS (If rural, give location): 415 Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) c. (Last) McVEY

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 8, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lawrence County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W.W. Boyd
13b. MOTHER'S MAIDEN NAME: Hattie Henton
14. NAME OF HUSBAND OR WIFE: J.R. McVey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J.R. McVey ADDRESS: 415 Roosevelt, Aurora

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 60 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Endocarditis — indef
~~DUE TO (c)~~ Mitral Stenosis

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: 410 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1953, *to* May 11, 1953 *that I last saw the deceased alive on* May 11, 1953, *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. McCallum, M.D.
23b. ADDRESS: 315 W. Madison ave. Aurora, Mo.
23c. DATE SIGNED: June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 13, 1953
24c. NAME OF CEMETERY OR CREMATORY: Grey's Point Cemetery
24d. LOCATION (City, town, or county) (State): Red Oak, Missouri

DATE REC'D BY LOCAL REG.: 6-12-1953
REGISTRAR'S SIGNATURE: Ora McNett 157-P
25. FUNERAL DIRECTOR'S SIGNATURE: Marsh Funeral Home ADDRESS: Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Robert E. Muhlenman

Licensed Embalmer No. 4916

P. O. Address Aurora, 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.