S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29641

State File No. .....

FILED AUG 31 1953

BIRTH NO. ..... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 219

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 30 hrs. 11 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employes' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883 0
d. STREET ADDRESS (If rural, give location): 1006 W. Rollins

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): BETTS
c. (Last): McCRARY

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced - 3
8. DATE OF BIRTH: Dec. 25, 1887
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loco. Engineer(Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Illinois /
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Hood McCrary
13b. MOTHER'S MAIDEN NAME: No Data
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-05-3927
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Hall Turner, Moberly, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 yrs
DUE TO (c) Generalized Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, left side

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None 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* Aug. 26, 1953, *to* Aug. 28, 1953, *that I last saw the deceased alive on* Aug. 28, 1953, *and that death occurred at* 2:11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): AVERY P. ROWLETTE, M. D. M. D.
23b. ADDRESS: 415 Woodland Avenue Moberly, Missouri
23c. DATE SIGNED: 8/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29th-53
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly, Mo.

DATE REC'D BY LOCAL REG.: 8-29-53
REGISTRAR'S SIGNATURE: [signature] 264
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mahan and Son, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1953

OCT 21 1953

OCT 13 1954

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.