

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

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35682

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, COLFAX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL COLFAX</u>	
c. LENGTH OF STAY (In this place) <u>76 yrs</u>		0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 7 Mi. N. Eagleville</u>		d. STREET ADDRESS (If rural, give location) <u>7 Mi. N. Eagleville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM FERDINAND</u> b. (Middle) <u>McNelly</u> c. (Last) <u>McNelly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 10, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 7, 1872</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Decatur Co, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Richard C. McNelly</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Asbach</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude McNelly</u> ADDRESS <u>Lamoni, Iowa</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>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Duobita Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</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>4-2, 1946</u> , to <u>10-10, 1953</u> , that I last saw the deceased alive on <u>Oct 9/28, 1953</u> , and that death occurred at <u>2:45 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Roy C. McD</u>		23b. ADDRESS <u>Bethany, Mo</u>	
23c. DATE SIGNED <u>10/12/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 12, 53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 26-53</u>		REGISTRAR'S SIGNATURE <u>S. Pha. Shaw</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Boggs</u>		ADDRESS _____	

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 Gerald W. Burgess

Licensed Embalmer No. 4762

P. O. Address Eagle Hill

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.