

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43525**

No. 300
10-48

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4286</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY OR TOWN La Grange		c. LENGTH OF STAY (in this place) 6 Months		c. CITY OR TOWN La Belle		0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION Snyder Rest Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) George Stephens Mc Rae			4. DATE OF DEATH December 16, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 16, 1858	
				9. AGE (in years last birthday) 95		IF UNDER 1 YEAR: Months 2 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Midway Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Markius McRae			13b. MOTHER'S MAIDEN NAME Martha Tate			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Fred Spicknall ADDRESS La Belle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		491X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>9-4</u> , 19 <u>53</u> , to <u>12-15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>53</u> and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Stedson, D.O.				23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 12-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/18/53		24c. NAME OF CEMETERY OR CREMATORY Midway Cemetery		24d. LOCATION (City, town, or county) (State) Midway Missouri	
DATE REC'D BY LOCAL REG. 12-19-53		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Stedson, Jr., La Belle, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

5560

231000
14

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 _____

J. A. Lader Jr.

Licensed Embalmer No. _____

4328

P. O. Address _____

LaBelle, 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.