

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2223

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Bernsawt</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution) a. STATE <u>Missouri</u> b. COUNTY <u>Bernsawt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hugh</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Co. Carter Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hugh Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>State Route 1 0780</u>	

3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>McKay</u> c. (Last) <u>sr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-54</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-4-1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>	IF UNDER 4 HRS. Hours <u>8</u> Min.
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>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Way End</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Isaac McKay</u>	13b. MOTHER'S MAIDEN NAME <u>Ophelia Netheland</u>	14. NAME OF HUSBAND OR WIFE <u>Clara McKay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clara McKay State Ms R1</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pneumonia bilateral</u> <u>due to (b) Septicemia</u> <u>Hypertensive Cardio-renal disease</u> DUE TO (c)		
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 <u>442 X</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)	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 1-8-, 1954, to 1-11-, 1954, that I last saw the deceased alive on 1-10-, 1954, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Sherman M.D.</u>	23b. ADDRESS <u>Shively Clinic Haxti, Mo.</u>	23c. DATE SIGNED <u>1-13-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>1-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u># 8</u>
24d. LOCATION (City, town, or county) (State) <u>Carter Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sherman and Co State Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-15-54</u>	REGISTRAR'S SIGNATURE <u>John W. Sherman 406-0</u>	

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

1-17-54

EMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 23 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.