No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5684

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 625 W. 5th

0804 0

3. NAME OF DECEASED (Type or Print): a. (First) Helen b. (Middle) Mc c. (Last) Enirry

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 17, 1887

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and State or Foreign Country): Sedalia, Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael McGinley

13b. MOTHER'S MAIDEN NAME: Anna Burns

14. NAME OF HUSBAND OR ~~WIFE~~: Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: F. J. Mc Enirry — **ADDRESS**: Sedalia

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) Cerebral Haemorrhage Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 5 yr
DUE TO (c) Arteriosclerosis — X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* X

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION: 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.): X

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - m.: X

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* May, 1899, *to* March 8, 1954, *that I last saw the deceased alive* March 5, 1954, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Beckemeyer M.D.

23b. ADDRESS: 120 W 5 Sedalia Mo

23c. DATE SIGNED: 3/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 10, 1954

24c. NAME OF CEMETERY OR CREMATORY: Calvary

24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 3-10-54

REGISTRAR'S SIGNATURE: W. J. Campbell M.D. 251-U

25. FUNERAL DIRECTOR'S SIGNATURE: M. Laughlin — **ADDRESS**: Sedalia

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed K P McGary

Licensed Embalmer No. 345

P. O. Address Sedale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.