

STANDARD CERTIFICATE OF DEATH

7733 State File No. 73

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar Twp.	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) Hartsburg, Mo. P.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 805 Mikel St.			

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) C. c. (Last) McDow			4. DATE OF DEATH (Month) (Day) (Year) March 9 1954		
5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 26, 1884		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0 Days 13	
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 (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Thomas McDow		13b. MOTHER'S MAIDEN NAME Nannie Nichols		14. NAME OF HUSBAND OR WIFE Rosy McDow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosy McDow Hartsburg, Mo P.F.D.	

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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension			
		DUE TO (c) Arteriosclerosis			
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		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) 4201	
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 December 3, 1952, to December 4, 1952, that I last saw the deceased alive on December 4, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE James E. Stafford		(Degree or title)		23b. ADDRESS Ashtland, Mo.		23c. DATE SIGNED March 11, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/12/54		24c. NAME OF CEMETERY OR CREMATORY New Salem Cemt.		24d. LOCATION (City, town, or county) (State) Ashtland, Mo.	
DATE REC'D BY LOCAL REG. Mar. 13 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Burnett Ashtland, Mo.	

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

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 W. M. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtland, Md.

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.