

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9408**

FILED APR 14 1954 BIRTH NO. REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. LENGTH OF STAY (in this place) 4 hours		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 2525 Chestnut 0644	
3. NAME OF DECEASED (Type or Print) a. (First) Smith Francis McKay b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 28, 1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Shelby County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Smith Francis McKay	
13b. MOTHER'S MAIDEN NAME Jane Kirkwood		14. NAME OF HUSBAND OR WIFE Verna Loy McKay	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 499 05 8934	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Smith McKay Hannibal Missouri
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck ANTECEDENT CAUSES Hemorrhage Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1991	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug. 22, 1953 , to April 6, 1954 , that I last saw the deceased alive on April 6, 1954 , and that death occurred at 11:40A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Hannibal Mo	
23c. DATE SIGNED 4/7/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE April 8, 1954	
24c. NAME OF CEMETERY OR CREMATORY Akers Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Pike County Illinois	
DATE REC'D BY LOCAL REG. 4-8-54		REGISTRAR'S SIGNATURE Dr. E. M. Tucker By [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Hannibal Missouri			

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

RECEIVED APR 12 1934
MARION CO. HEALTH DEPT.
DATE FILED APR 12 1934

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.....
Signature of Student Embalmer

Signed *John S. Spauld*.....
Licensed Embalmer No..4540..

P. O. Address Hannibal, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.