

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16400**

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 68			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Aurora MO		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 1039 W 7th				e. STREET ADDRESS (If rural, give location) 302 E Steavis		0551			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) B		c. (Last) MCVEY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 12-1964		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH FEB 18-1867		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 3	IF UNDER 1 HRS. Days 26	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) Cedar County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Minnie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Carl Harris Webb City		ADDRESS			
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) Coronary arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 5 years	
		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.							
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)					
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 7:12 , 19 52 , to 6:11 , 19 54 , that I last saw the deceased alive on 1-17 , 19 54 , and that death occurred at 2 A m., from the causes and on the date stated above.									
23a. SIGNATURE Chris Ferguson			(Degree or title) no			23b. ADDRESS Webb City		23c. DATE SIGNED 6/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JUNE 13-54	24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora mo				
DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE Mrs. Madeline Sirtz			25. FUNERAL DIRECTOR'S SIGNATURE Paul J. Haral		ADDRESS Aurora mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 14 19
Jasper County Health Office
County File Number 54-6-4
Date Filed JUN 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.....
Signature of Student Embalmer

Signed... *Oliver L. Marsh*

Licensed Embalmer No. 381

P. O. Address *Cherokee*

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.