

FILED JUN. 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17578

State File No.

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>28Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		0972 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>452 W. Vest</u>				d. STREET ADDRESS (If rural, give location) <u>452 W. Vest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>			b. (Middle) <u>Wesley</u>		c. (Last) <u>McKay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5-1894</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u></u> Mts. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owned Restaurant and Operated it.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Aledo Twn., -Illinois /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph McKay</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Downing</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Browitt McKay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-6613</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A.W. McKay-Marshall, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Degenerative Brain Disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						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)	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 <u>8/1/53</u> , 19 <u>53</u> , to <u>June 2 death</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/25/54</u> , 19 <u>54</u> , and that death occurred at <u>10:30 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Warren, D.O.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>5-27-54</u>	
24a. BURIAL-CREMATATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit M. Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-27-54</u>	REGISTRAR'S SIGNATURE <u>Richard S. Gray</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leal's Burial Home, Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1955

JUN 3 1956

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

J. Lealie Sussman

Licensed Embalmer No. *2235*

P. O. Address *Marshall St*

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.