

FILED AUG 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26103**

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6267** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL JACKSON	c. LENGTH OF STAY (in this place) 49 YRS	c. CITY OR TOWN MARSHFIELD MO RI	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2/12/0
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 6 MI NORTH MARSHFIELD	

3. NAME OF DECEASED (Type or Print) a. (First) MITCHELL b. (Middle) _____ c. (Last) M McNABB			4. DATE OF DEATH (Month) (Day) (Year) July 13 1954			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 9 1884	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO MO 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H.H. McNABB		13b. MOTHER'S MAIDEN NAME MARY LONG		14. NAME OF HUSBAND OR WIFE JULIA McNABB		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME FRED McNABB		ADDRESS MARSHFIELD MO RI

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation (pressure of nodes on trachea.)		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic cancer of		8 months
	DUE TO (c) adenocarcinoma of		19 months
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostate vascully schident myocardial infarction		29 months
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) 177 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **9 Feb**, 1953, to **13 July**, 1954, that I last saw the deceased alive on **8 July**, 1954, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE: J. M. McDonnell (Degree or title) MD		23b. ADDRESS: marshfield, missouri	23c. DATE SIGNED: 7/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-15-1954	24c. NAME OF CEMETERY OR CREMATORY HAYNES CHAPEL WEBSTER CO MO	24d. LOCATION (City, town, or county) (State) MO

DATE REC'D BY LOCAL REG. 7-30-54	REGISTRAR'S SIGNATURE J. St. Louis	25. FUNERAL DIRECTOR'S SIGNATURE BARBER F. H.	ADDRESS MARSHFIELD MO
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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.....
Signature of Student Embalmer

Signed *Glen S. Williams*.....

Licensed Embalmer No. *4162*

P. O. Address *Marshallville*

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.