

37919

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

0560

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. LENGTH OF STAY (In this place) <u>XXXXXX</u>	c. CITY OR TOWN <u>LEWISTOWN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXX</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILES</u> b. (Middle) _____ c. (Last) <u>McNALLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 14, 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>4/15/1867</u>
9. AGE (In years) (Months) (Days) <u>87</u> <u>6</u> <u>29</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEWISTOWN, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>THOMAS McNALLY</u>	
13b. MOTHER'S MAIDEN NAME <u>WINIFRED GUNNING</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA McNALLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> <u>XXXXXXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ELLA McNALLY</u>		ADDRESS <u>LEWISTOWN, 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>Cerebro-Vascular accident (Frontal)</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</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>Aug</u> , 19 <u>52</u> , to <u>14 Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>13 Nov</u> , 19 <u>54</u> , and that death occurred at <u>DO 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John Wells, D.D.</u> (Degree or title)		23b. ADDRESS <u>LEWISTOWN, MO.</u>	
23c. DATE SIGNED <u>11/15/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11/16/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS</u>	
24d. LOCATION (City, town, or county) (State) <u>EWING, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>11-16-'54</u>	
REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles R. ...</u> ADDRESS <u>Lewistown, Mo.</u>	
E.L. (Licensed Embalmer's Statement on Reverse Side)			

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 *Charles L. Arnold, Jr.*.....

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, M.....

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.