

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39796**

FILED NOV 29 1954

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4468** Registrar's No. **59**

No. 300
10-48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Ste. Genevieve		a. STATE Missouri		b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Marys)		c. CITY OR TOWN St. Marys		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place township) 6 Months		e. STREET ADDRESS (If rural, give location) St. Marys			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys, Missouri					
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Edward			b. (Middle) Mercinus		
c. (Last) McGary			Nov. 20, 1954		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Male <input checked="" type="checkbox"/>		White		Married	
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	
Jan 2, 1885		69		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
Engineer		Mining		Stockton, California	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME			
U.S.A.		Francis Marion McGary			
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Lizzie Clay Bryant		Grace Harman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
NO		None		Grace McGary Louisville, Illinois	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.			
DUE TO (b) _____		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
_____		_____			4201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
Jerome H. Staulo, M.D.			Ste. Genevieve Mo		11-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 23, 1954		City Cemetery	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE			
Ste. Genevieve, Missouri		Jerome H. Staulo			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		ADDRESS	
Nov 23, 1954		Lucille Barber		_____	

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.....

Jerome A. Sauter

Licensed Embalmer No. 381

P. O. Address *St. Geneva*

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.