

No. 300
10.48

1120

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

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. 39975

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6270 Registrar's No. 49

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 OR TOWN RURAL UNION		c. CITY OR TOWN NIANGUAMO RR	
c. LENGTH OF STAY (in this place) 18 MO		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 14 MI EAST MARSHFIELD	

3. NAME OF DECEASED (Type or Print) EARL	a. (First)	b. (Middle) L	c. (Last) MCKAY	4. DATE OF DEATH (Month) (Day) (Year) NOV 10 1954
--	------------	---------------	-----------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 12 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
----------	--------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) DETROIT MICH	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	----------------------------------

13a. FATHER'S NAME ARTHUR FORTH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SAIME
---------------------------------	-----------------------------------	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 333-05-4286	17. INFORMANT'S SIGNATURE OR NAME SAIME MCKAY	ADDRESS NIANGUAMO RR 2
---	-------------------------------------	---	------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Posterior Recurrence		
	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) 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 3-5, 1953, to 10-14, 1954, that I last saw the deceased alive on 10-24, 1954 and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 11-11-54
----------------------------	-------------------	-------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-12-1954	24c. NAME OF CEMETERY OR CREMATORY NEGAUNEE	24d. LOCATION (City, town, or county) (State) NEGAUNEE - MICH
---	----------------------	---	---

DATE REC'D BY LOCAL REG. 11-17-54	REGISTRAR'S SIGNATURE [Signature]	342	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER F. HOME MARSHFIELD
-----------------------------------	-----------------------------------	-----	--

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 *Lucian J. Swadley*.....

Licensed Embalmer No. *4875*

P. O. Address *March 1st*.....

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.