No. 300
10.48

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 396

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 411 Vine Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 411 Vine St.

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3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Joseph
c. (Last) Mc Michael

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 27, 1885
9. AGE (In years last birthday) 69 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

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

13a. FATHER'S NAME John J. McMichael
13b. MOTHER'S MAIDEN NAME Kathryn Gillian
14. NAME OF HUSBAND OR WIFE Rose Jackson McMichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME Rose McMichael **ADDRESS** Fulton Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Jan, 1953, *to* 5 Feb, 1955, *that I last saw the deceased alive on* 5 Feb, 1955, *and that death occurred at* 10 15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 7 Feb 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 8, 1955
24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) Mexico (State) Mo.

DATE REC'D BY LOCAL REG. Feb. 12-1955
REGISTRAR'S SIGNATURE Marietta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home **ADDRESS** Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry A Stewart

Licensed Embalmer No. B77

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.