

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3876**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp.		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) Issac b. (Middle) Frank c. (Last) McGill			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1955
5. SEX <u>0</u> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4, 1883
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 11 Days 15	IF UNDER 18 Hrs. 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rich Hill Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Issac A. McGill		13b. MOTHER'S MAIDEN NAME Matilda Chapman	14. NAME OF HUSBAND OR WIFE Viola McGill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Viola McGill, Adrian Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Chr. Interstitial Nephritis DUE TO (b) 2 years 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"/>		592X	
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 <u>11/18</u> , 19 <u>50</u> , to <u>2/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/19</u> , 19 <u>55</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carter W. Luter M.D.		23b. ADDRESS Butler Mo	23c. DATE SIGNED 2-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-21-55	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	24d. LOCATION (City, town, or county) (State) Adrian Mo.
DATE REC'D BY LOCAL REG. Feb 22 1955	REGISTRAR'S SIGNATURE Rendell Koney	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Service Adrian Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0071
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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
Student Embalmer

Signed _____

Licensed Embalmer No. 2658

P. O. Address Adrian Mo

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 this body is not embalmed, fact should be so stated above.