

FILED APR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8578**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Carthage	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mc Cune Brooks Hosp.		e. STREET ADDRESS (If rural, give location) 429 S. Garrison	

3. NAME OF DECEASED (Type or Print) a. (First) Ada	b. (Middle) May	c. (Last) Mc Gill	4. DATE OF DEATH (Month) (Day) (Year) 2-6-1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-20-1871
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 83
		11. BIRTHPLACE (City and State or Foreign Country) Walnut Grove, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert M. Mc Gill	13b. MOTHER'S MAIDEN NAME Vienna Thompson	14. NAME OF HUSBAND/OR WIFE None
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 Mrs. A.L. Neil Carthage, Mo.
		ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis, acute.		INTERVAL BETWEEN ONSET AND DEATH 14 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause undetermined 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 none	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 580X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 **Jan 31, 1955**, to **Feb 6, 1955**, that I last saw the deceased alive on **Feb 6, 1955**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D. (Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED Feb 7 '55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-9-1955	24c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery
		24d. LOCATION (City, town, or county) (State) Dadeville, Missouri

DATE REC'D BY LOCAL REG. 4-6-55	REGISTRAR'S SIGNATURE Elmer Hunter 1392	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home Carthage, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *William B. Carter*

Licensed Embalmer No. *48*

P. O. Address *Carter*

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.