

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10981**

FILED MAY 16 1955

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Logan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Crescent		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 Daniel Boone Hotel				No. STREET ADDRESS (If rural, give location) 8358			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WILLIAM		c. (Last) MACY		4. DATE OF DEATH (Month) (Day) (Year) 5 / 8 / 55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 16, 1900	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Cordell, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - U.S. Chamber of Commerce		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Edward Armsby Macy		13b. MOTHER'S MAIDEN NAME Emma Sauer	
13c. NAME OF DECEASED		13d. NAME OF HUSBAND OR WIFE Mae Murray		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. 147-30-7666	
17. INFORMANT'S SIGNATURE OR NAME Dimmis Macy, Rolla, Mo.		17. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary occlusion DUE TO (c) Arteriosclerosis 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"/>		INTERVAL BETWEEN ONSET AND DEATH short time " " years	
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) (Min.)	
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 5/8/55 , 19 55 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P.M. , from the causes and on the date stated above.		23a. SIGNATURE Henry Sweet (Degree or title) Coroner	
23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 5/11/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 11, 1955	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Rolla, Missouri.		DATE REC'D BY LOCAL REG. May 11, 1955		REGISTRAR'S SIGNATURE Mrs. P. E. Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Parcer Funeral Service, Columbia Mo		25. ADDRESS					

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

AUG 22 1955
AUG 9 1955

AUG 8 1955

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 *M. W. White*

Licensed Embalmer No... 38

P. O. Address... *Calum*

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.