

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16314

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Archibald b. (Middle) Mrs. c. (Last) GILVARY		4. DATE OF DEATH (Month) (Day) (Year) MAY 27 - 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 19, 1875
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) ASHKUM ILL.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John McGilvray		13b. MOTHER'S MAIDEN NAME Margaret McGilvray	14. NAME OF HUSBAND OR WIFE Elizabeth McGilvray
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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Sarah McGilvray - R. 2 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of the myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) A201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had a myocardial infarction 18 yrs. ago	
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)		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 May 21, 1955 , to May 27, 1955 , that I last saw the deceased alive on May 27, 1955 , and that death occurred at 7 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. H. Shepard		23b. ADDRESS Mendon MO	
23c. DATE SIGNED May 28 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/31/55	
24c. NAME OF CEMETERY OR CREMATORY Mendon		24d. LOCATION (City, town, or county) (State) Mendon MO	
DATE REC'D BY LOCAL REG. 5-31-55		REGISTRAR'S SIGNATURE Charles Lane 269	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mendon MO			

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

AUG 9 1962

APR 19 1956

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, ~~only~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

S. R. Leonard

Licensed Embalmer No. *3970*

P. O. Address *Wendover 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.