

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27120

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5849 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL JEFFERSON TOWNSHIP		c. CITY OR TOWN Mo. CONCEPTION JCT.	
c. LENGTH OF STAY (in this place) _____		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 1 mile NORTH BLUE TOP STATION.		No. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) WAYNE b. (Middle) (NONE) c. (Last) MCCRARY	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH SEPT 30, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) ALBANY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JESS MCCRARY	13b. MOTHER'S MAIDEN NAME EFFIE JONES	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 702-18-7265	17. INFORMANT'S SIGNATURE OR NAME GALEN MCCRARY ADDRESS STANBERRY, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		E 8/24 25	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Twnsp Clyde, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Aug. 15, 555 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? struck by an automobile
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl M Anderson, Skull	23b. ADDRESS Mo. 219 East Fourth Maryville	23c. DATE SIGNED 8/20/1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 17, 1955	24c. NAME OF CEMETERY OR CREMATORY CARTER CEMETERY	24d. LOCATION (City, town, or county) (State) ALBANY, Mo.
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DATE REC'D BY LOCAL REG. Aug 30-55	REGISTRAR'S SIGNATURE Mrs Elva Crumshaw	25. FUNERAL DIRECTOR'S SIGNATURE Boo E Johnson ADDRESS Stanberry, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1934

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 *Wesley Evans Johnson*

Licensed Embalmer No. 494

P. O. Address *Starkers*

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.