

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1955

State File No. **28895**

REG. DIST. NO. ~~4127~~ PRIMARY REG. DIST. NO. **4027** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cassville</b>		c. LENGTH OF STAY (in this place) <b>1 da</b>	
c. CITY OR TOWN <b>Exeter</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cassville Community Hosp.</b>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANDREW</b> b. (Middle) <b>JACKSON</b> c. (Last) <b>MC NABB</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-4-1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-1-1891</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>1</b>	IF UNDER 48 HRS. Hours <b>1</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Barry County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Walter McNabb</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Catron</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline McNabb</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NO.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pauline McNabb-Exeter, Mo.</b>		ADDRESS <b>Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cholecystitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholelithiasis</b> DUE TO (c) <b>Jaundice</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>9-3-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Diseased gallbladder with stones</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		584X	
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 <b>1954</b> , 19 <b>55</b> , to <b>9-3-1955</b> , that I last saw the deceased alive on <b>9-3-1955</b> , and that death occurred at <b>5:00pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Randal N. Ochs, M.D.</b>		23b. ADDRESS <b>Wheaton, Mo.</b>	
23c. DATE SIGNED <b>9-8-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-7-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetry</b>		24d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-12-55</b>		REGISTRAR'S SIGNATURE <b>Mary McDonald, Deputy</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul D. Hubert</b>		ADDRESS <b>Cassville, Mo.</b>	

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 955-329

DATE REC. 9-17-55

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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.....  
Signature of Student Embalmer

Signed Paul D. Kenbest

Licensed Embalmer No. 45

P. O. Address Cassville

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.