

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

736

Dr. McHanev
FILED FEB 6 1956

State File No.
Registrar's No. 42

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|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>77</u> | | PRIMARY REG. DIST. NO. <u>3016</u> | | Registrar's No. <u>42</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> | | c. LENGTH OF STAY (in this place) <u>35 yrs</u> | | c. CITY OR TOWN <u>Jefferson City</u> | | 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 <u>St. Mary's Hospital</u> | | | | f. STREET ADDRESS (If rural, give location) <u>719 Madison Street</u> <u>02670</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Paul</u> | | b. (Middle) <u>Wray</u> | | c. (Last) <u>McCall</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April-23-1889</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fiscal Officer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stte of Mo.</u> | | 9. AGE (in years last birthday) <u>66</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Missouri</u> | | | |
| 13a. FATHER'S NAME <u>Hannibal McCall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Granzeda Wray</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mabel McCall (Thompson)</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>W.W.#1</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mabel McCall, Jefferson City, Mo</u> | | 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) <u>Pneumonia - hypostatic</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1st to July 2nd 1956</u> | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr. Alcoholism</u> DUE TO (c) <u>Malnutrition</u> | | | | | |
| | | | | 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 | | 3221 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 <u>Jan 1st</u> , 19 <u>56</u> , to <u>July 2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 1st</u> , 19 <u>56</u> , and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. McHanev</u> | | | | 23b. ADDRESS <u>Jefferson City, Mo</u> | | 23c. DATE SIGNED <u>2/5/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb-4-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORIUM <u>Riverview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3 Feb 1956</u> | | REGISTRAR'S SIGNATURE <u>R.P. Norris MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Brown</u> | | ADDRESS <u>Jefferson City, Mo</u> | | | |

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

FEB 26 1950

MAY 20 1957

FEB 7 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. 1284

P. O. Address *[Handwritten Address]*

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.