FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7728

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4483 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rutledge
c. LENGTH OF STAY (in this place) Entire life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scotland
c. CITY OR TOWN Rutledge
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0 990 0

3. NAME OF DECEASED (Type or Print)
a. (First) Dow
b. (Middle) Ross
c. (Last) McPherson

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH April 27, 1881
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stephen McPherson
13b. MOTHER'S MAIDEN NAME Jane Jackson
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. [illegible]ANT'S SIGNATURE OR NAME Walter McPherson
ADDRESS Memphis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary, Thrombosis.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not present at time of death *, that I last saw the deceased alive on* 3/5, 1956, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE E. S. Dennis (Degree or title) DO
23b. ADDRESS Baring Mo
23c. DATE SIGNED 3/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 7, 1956
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) Scotland Co. Mo.

DATE REC'D BY LOCAL REG. 3/10/56
REGISTRAR'S SIGNATURE Vera G. Turner 476-1
25. FUNERAL DIRECTOR'S SIGNATURE [illegible]
ADDRESS Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Fred Guth.....

Licensed Embalmer No....U2

P. O. Address.....Mmp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.