No. 300
10.48

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5510 8905
State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4274 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-
c. LENGTH OF STAY (in this place): Immed
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 13- 11 mi. S. of Clinton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN: Brownington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0420

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): Donald
c. (Last): McVey

4. DATE OF DEATH (Month) (Day) (Year): March 13 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 12, 1939
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Brownington Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert McVey
13b. MOTHER'S MAIDEN NAME: Eunice Hyden
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: 491-40-4509
17. INFORMANT'S SIGNATURE OR NAME: Robert McVey — ADDRESS: Brownington, 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) Crushed chest

ANTECEDENT CAUSES

Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: auto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway
21c. ~~(CITY, TOWN OR~~ TOWNSHIP) (COUNTY) (STATE): Fairview Henry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-13-56 7:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car wreck

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 3/13, 1956, *that I last saw the deceased alive on* DDA, 19__, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R J Powell (coroner) MD
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: 3/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-1956
24c. NAME OF CEMETERY OR CREMATORY: Maplewood cem
24d. LOCATION (City, town, or county) (State): Brownington Mo

DATE REC'D BY LOCAL REG.: 3-15-56
REGISTRAR'S SIGNATURE: Mildred Bigum
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sickman-Dunning Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1958

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 Eugene R. Consalu

Licensed Embalmer No. 46 8

P. O. Address Clinton,

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