

FILED MAY 9 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 12204

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 138	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Kirksville</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>Kirks Osteopathic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1307-S-Boundary</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Ruth</u> c. (Last) <u>McCartney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 29, 1956</u>	
9. AGE (In years last birthday) <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tillman Major</u>		13b. MOTHER'S MAIDEN NAME <u>Galdie Lockhart</u>		14. NAME OF HUSBAND OR WIFE <u>Paul McCartney</u>	
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. INFORMANT'S SIGNATURE OR NAME <u>Paul McCartney</u> ADDRESS <u>1307-S-Boundary, Kirksville, Mo</u>			
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) <u>Circulatory collapse</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain stem edema</u> DUE TO (c) <u>Eclampsia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seven months pregnant.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>30 minutes</u> <u>1 1/2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) <u>6423</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>November, 1955</u> , to <u>April 24, 1956</u> , that I last saw the deceased alive on <u>April 24, 1956</u> , and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>W. O. Reynolds D.O.</u>				23b. ADDRESS <u>K.O.H. Kirksville, Missouri</u>		23c. DATE SIGNED <u>4-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>April 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-2-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirksville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2561 28 834

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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, *Robert B. Davis*.....

Licensed Embalmer No.....

P. O. Address *Suburban*.....

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