

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12416

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 437		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 21 days		c. CITY OR TOWN Pattonsburg		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 St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 6-31c				
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) D. c. (Last) MC FALL			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1956					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH September 9, 1895		
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Fairport, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			13a. FATHER'S NAME James A. Palmer			13b. MOTHER'S MAIDEN NAME Minnie R. Pittman		
14. NAME OF HUSBAND OR WIFE Fred E. McFall			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred E. McFall, Pattonsburg, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subacute bacterial endocarditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>7 weeks</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic heart disease with aortic stenosis & insufficiency of mitral valve & insufficiency</i> DUE TO <i>Subacute bacterial endocarditis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Subacute bacterial endocarditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i>				
19a. DATE OF OPERATION 0		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) 410X				
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 2-22, 1952, to 4-17, 1956, that I last saw the deceased alive on 4-16, 1956, and that death occurred at 2:00a. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William H. Ames, MD				23b. ADDRESS 902 Edmund St. St. Joseph		23c. DATE SIGNED 4-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE 4/17/56		24c. NAME OF CEMETERY OR CREMATORY <i>Mapleville Mo.</i>		24d. LOCATION (City, town, or county) (State) <i>Mo.</i>		
DATE REC'D BY LOCAL REG. Apr 24, 1956		REGISTRAR'S SIGNATURE <i>Cather M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton Bowman St. Joseph Mo.</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

W. Brown

1951 7 7 934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard D. Collins*

Licensed Embalmer No. *495*
319 *6.10.51*
P. O. Address *H. Gray*

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.