

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12891

State File No. ....

FILED MAY 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Howard Twp</u>		c. LENGTH OF STAY (In this place) <u>54 Yrs</u>	c. CITY OR TOWN <u>Denver, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile South Of Denver</u>		STREET ADDRESS (If rural, give location) <u>Rural Denver, MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>Gid</u> c. (Last) <u>McMichael</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 25 1956</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>Feb 13, 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (last birthday) <u>89</u>
11. BIRTHPLACE (City, State, or Foreign Country) <u>Nodaway Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert McMichael</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Manley</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mary McMichael</u>		14. NAME OF HUSBAND OR WIFE <u>Mary McMichael</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Homer McMichael</u>		ADDRESS <u>Denver 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>Arteriosclerosis, generalized</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  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 <u>45-00</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19 <u>46</u> , to <u>April 25, 1956</u> , that I last saw the deceased alive on <u>April 24, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank S. Patterson MD</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Grant City, Missouri</u>	
23c. DATE SIGNED <u>4-27-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Denver, MO</u>
DATE REC'D BY LOCAL REG. <u>5-7-56</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermit Brass</u> ADDRESS <u>Denver, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 John Andrews, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 42

P. O. Address Grant

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.