

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13820

State File No.

FILED MAY 14 1956

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Knox</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City</u> c. LENGTH OF STAY (In this place) <u>36 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City Mo.</u> d. STREET ADDRESS (If rural, give location) <u>City</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Ada</u> c. (Last) <u>Mc Kay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 20 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Abraham Loungbach</u>	13b. MOTHER'S MAIDEN NAME <u>Cholecllen Neal</u>	14. NAME OF HUSBAND OR WIFE <u>Charles F McKay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe McKay Knox City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs</u> <u>10 yrs</u> <u>15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Interstitial Nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 Apr 1, 1956, to Apr 26, 1956, that I last saw the deceased alive on April 26, 1956, and that death occurred at 12:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nelda B Deon M.D.</u>	23b. ADDRESS <u>Knox City Mo</u>	23c. DATE SIGNED <u>4/29/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 29 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City Mo.</u>

DATE REC'D BY LOCAL REG. <u>May-7-56</u>	REGISTRAR'S SIGNATURE <u>Helle S. Arnold</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A J Seeger Knox City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, [Signature]

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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 this body is not embalmed, fact should be so stated above.