

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25866**

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 263

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>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville,</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Atlanta</u>	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 <u>Grim Smith Hospital & Clinic</u>		STREET ADDRESS (If rural, give location) <u>RCA #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hale</u>	b. (Middle) <u>Ivan</u>	c. (Last) <u>McMichael</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 56</u>
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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>1-15-90</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>R. H. McMichael</u>	13b. MOTHER'S MAIDEN NAME <u>Soseman</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby E. McMichael</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby E. McMichael</u>	ADDRESS <u>Atlanta, Missouri</u>
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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>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>5 yrs</u>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>331X</u>
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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?
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22. I hereby certify that I attended the deceased from 8-26, 1956, to 8-28, 1956, that I last saw the deceased alive on 8-28, 1956, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>8-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 29, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Labor</u>	24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-29-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Atlanta Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

not from family

VS APR 28 1959

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 *A. M. Gooding*.....

Licensed Embalmer No. *1758*

P. O. Address *Atlanta*

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.