FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3836

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 4054 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rushville -town- Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Rushville 0110 0 Inside Limits Yes ☒ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rushville Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Rural Route # 1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Harry Middle Walker Last Mc Queen		4. DATE OF DEATH Month February Day 20 Year 1957	
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ Divorced	8. DATE OF BIRTH April 15,1880
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William S. Mc Queen		14. MOTHER'S MAIDEN NAME Sarah Maria Carpenter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497407052	17. INFORMANT Address Mrs. Chester Harvey, Rushville, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH several years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left ventricular failure — at once

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 10

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Rushville COUNTY Buchanan Co STATE Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on Died 2-20-57

Death occurred at 10 am Feb 20 57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S E Mellinley Coroner M.D. 0

22b. ADDRESS 214 Kirkpatrick Bldg St Joseph 8 Mo

22c. DATE SIGNED 2-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	23d. LOCATION (City, town, or county) Rushville (State) Missouri 2-23-57
24. FUNERAL DIRECTOR Sawin-Dyer ADDRESS Atchison, Kansas		25. DATE RECD. BY LOCAL REG. Feb 27,1957	26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

485 0 get any-er than to sign. ea

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 J. W. Dyer

Licensed Embalmer No. 43

P. O. Address Atchi

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.