

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16251

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 581

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 St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			Length of stay in lb 49 yrs.		d. STREET ADDRESS R#2 St. Joseph, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Monroe McVay				4. DATE OF DEATH Month Day Year May 23, 1957.					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 12, 1875		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Local U.S. Mail		11. BIRTHPLACE (City and state or country) LaCade County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME T. C. McVay				14. MOTHER'S MAIDEN NAME Sarah A. Bowen					
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. 498-42-4229 none		17. INFORMANT Address Mrs. Lucy Pink McVay R # 2 St. Joseph, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>1) Macerations, traumatic left thigh & buttock, right thigh & rectal region</i> <i>2) Separation, traumatic symphysis pubis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>QUE TO (a)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>9121</i> <i>3</i>							INTERVAL BETWEEN ONSET AND DEATH <i>about 5 hours</i>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Pinned under his tractor</i>						
20c. TIME OF INJURY Hour Month, Day, Year <i>about 3:45 PM 5/23/57</i>									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>		20f. CITY, TOWN, OR LOCATION <i>Rt 2, St Joseph, Buchanan, Mo</i>		20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>about 6:10 PM to 9 PM 5/23/57</i> last saw him alive on <i>5/23/57</i> Death occurred at <i>9/1 9:00 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Aug Redmond MD</i>				22b. ADDRESS <i>St Joseph, Mo</i>				22c. DATE SIGNED <i>5/25/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 25, 1957.</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Joseph, Missouri.</i>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <i>Meierhoffer-Fleeman, Inc., St. Joseph, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>May 28, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 4 1957

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 *Albert B. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph,

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.