

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

State File No. 25542

BIRTH NO. REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5863 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch Township		c. CITY OR TOWN Couch Township	
c. LENGTH OF STAY (In this place) 51 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0750	

3. NAME OF DECEASED (Type or Print)	a. (First) Rosa	b. (Middle) Zella	c. (Last) McMakin	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 19	IF UNDER 60 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) St. James, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Dailey	13b. MOTHER'S MAIDEN NAME Mary Spaulding	14. NAME OF HUSBAND OR WIFE Clinton Clay McMakin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Crowell, Couch, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 33/x	20. AUTOPSY? 2 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)
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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 1956, 19, to 19, 19, that I last saw the deceased alive on 7-15-57, 19, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Mammoth Spring, Ark	23c. DATE SIGNED 8-7-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-24-57	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	24d. LOCATION (City, town, or county) (State) Oregon County, Missouri
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DATE REC'D BY LOCAL REG. 8-9-57	REGISTRAR'S SIGNATURE Arthur Wolff	25. FUNERAL DIRECTOR'S SIGNATURE Address [Signature]
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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard Carter*

Licensed Embalmer No... 451  
P. O. Address.....  
*Hayden*

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.