

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36443**

BIRTH NO. **FILED NOV 6 1957** REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (in this place) 2 Yrs.	c. CITY OR TOWN Hillsboro		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delivery			e. STREET ADDRESS (If rural, give location) General Delivery		
3. NAME OF DECEASED (Type or Print) a. (First) Annette b. (Middle) Marie c. (Last) McKay			4. DATE OF DEATH (Month) (Day) (Year) 10/22/57		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1902		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Fordyce, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William P. Black		13b. MOTHER'S MAIDEN NAME Elizabeth Christian		14. NAME OF HUSBAND OR WIFE Sam. M. McKay	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maxine Zoll DeSoto, Mo.		
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) Brain tumor type under				INTERVAL BETWEEN ONSET AND DEATH Jan 57
	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		20. AUTOPSY? 2 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) 237X DeSoto, Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 27, 1957 , to Oct 22, 1957 , that I last saw the deceased alive on Oct 22, 1957 and that death occurred at 7:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Max V. Reindig M.D.		23b. ADDRESS DeSoto, Mo.		23c. DATE SIGNED Oct 23, 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/25/57	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) DeSoto Mo.		
DATE REC'D BY LOCAL REG. 10-25-57		SIGNATURE OF REGISTRAR Alta Bernard Sep	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.		

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 5 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 *Andrew H. Englar*.....

Licensed Embalmer No. *474*

P. O. Address *De Soto*.....

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.