

X Health, & Welfare S. Public Health Service

S. 300 v. 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45369
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverlyville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ft Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waverlyville Gen Hosp		Length of stay in lb 26 hrs	d. STREET ADDRESS Site E-56 Lieber Heights		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anetta Middle Louise Last McGhee			4. DATE OF DEATH Month 12 Day 22 Year 1957		
5. SEX Female	6. COLOR OR RACE Negroid	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 3 1932	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months 0 Days 0
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 country) Paduca, Ky.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Otis Risby			14. MOTHER'S MAIDEN NAME Annie Nard		
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 Mundy Funeral Home 708 Tenn. St Paduca, Ky		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) respiratory failure					INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					26 hrs.
DUE TO (b) traumatic central nervous system damage (fractured vertebrae, (cervical) and brain damage)					
DUE TO (c) traumatic injuries due to auto accident					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) automobile accident			
20c. TIME OF INJURY Hour 3:00 a. m. p. m. Month 12 Day 21 Year 57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jct. 35 & 66		20f. CITY, TOWN, OR LOCATION Cullen COUNTY Pulaski STATE Missouri	
21. I attended the deceased from 12-21-57 to 12-22-57 and last saw her him alive on 12-22-57 Death occurred at 7:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. E. Nicksel DO			22b. ADDRESS Waverlyville Missouri		22c. DATE SIGNED 12-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-23-57	23c. NAME OF CEMETERY OR CREMATORY Oakgrove Cemetery		23d. LOCATION (City, town, or county) (State) Paduca, Kentucky
24. FUNERAL DIRECTOR Betty Lee Hedge		25. DATE RECD. BY LOCAL REG. 12-23-57		26. REGISTRAR'S SIGNATURE Paula Mae Anderson	

JAN 7 1958

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 *Clarence Moss*

Licensed Embalmer No. *4079*

P. O. Address *Wigginsville, Mo.*

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.