

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009649  
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 44

300  
-57

23

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Trenton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Trenton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callers Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>11426 &amp; St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS J. MACPHERSON</b>			4. DATE OF DEATH Month Day Year <b>MAR. 9, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 27, 1977</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman Ranchhouse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAil Road</b>	11. BIRTHPLACE (City and state or country) <b>Woodstock, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alexander Macpherson</b>	13b. MOTHER'S MAIDEN NAME <b>JANET MAC DONALD</b>
14. NAME OF HUSBAND OR WIFE <b>INA Macpherson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>	16. SOCIAL SECURITY NO. <b>700-14-5323</b>
17. INFORMANT <b>INA Macpherson</b>		Address <b>Trenton, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Pneumonia</b> DUE TO (b) <b>METASTATIC CARCINOMA</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>11-25-1957</b> to <b>3-9-58</b> and last saw her/him alive on <b>3-9-58</b> Death occurred at <b>7:10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Macpherson</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Trenton MO</b>	22c. DATE SIGNED <b>3-10-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3/11/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rest Haven Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Trenton MO</b>
24. FUNERAL DIRECTOR <b>J. Gordon Blackmore</b>	ADDRESS <b>Trenton, MO</b>	25. DATE RECD. BY LOCAL REG. <b>3-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Dreene Fair</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 4 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 *Harold L Rabbits* .....

Licensed Embalmer No. *4920* .....

P. O. Address *renton, m* .....

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.