

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028437  
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 47 Primary Registration District No. 5160 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Calwood Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Calwood Twp.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 1 Fulton Mo</b>		Length of stay in lb Yrs. <b>0140</b>	d. STREET ADDRESS (If outside, give location) <b>RFD 1 Fulton</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Emily</b> Middle <b>Elizabeth</b> Last <b>McVeigh</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>25</b> Year <b>1958</b>		
--	--	--	--	--	--

5. SEX <b>Female</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. 24, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
-------------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and state or country) <b>Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	--

13a. FATHER'S NAME <b>John W. Guerrant</b>	13b. MOTHER'S MAIDEN NAME <b>Sara Frances Flippen</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph F. McVey</b>
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>J. McViegh</b>	Address <b>Fulton, 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>Carcinoma Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1538</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> 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 _____ 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 <b>1538</b>	COUNTY <b>Callaway</b>	STATE
---	--	--	---	---------------------------	-------

21. I attended the deceased from <b>1944</b> to <b>Death</b> and last saw her alive on <b>Aug 14, 1958</b> Death occurred at <b>1130 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>John W. Brown</b>	(Deceased or title)	22b. ADDRESS <b>Fulton Mo</b>	22c. DATE SIGNED <b>8-29-58</b>
--	---------------------	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer</b>	23d. LOCATION (City, town, or county) (State) <b>Callaway County Mo.</b>
--	-----------------------------------	---	---

24. FUNERAL DIRECTOR <b>Marpie Turner</b>	ADDRESS <b>Home Fulton Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 30-1958</b>	26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>
--	----------------------------------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Wm. G. O'Brien* .....

Licensed Embalmer No. *3272* .....  
P. O. Address *Fullerton, Ca.* .....

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.