

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012032

STATE FILE NUMBER

Registration District No. 351 Primary Registration District No. 6178 Registrar's No. 23

FILED MAR 18 1959

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>0</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peger</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Peger</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Walter Delbert McKay</u> | | | 4. DATE OF DEATH Month Day Year <u>3 8 1959</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-19-1872</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min. <u>86 8 19</u> |
| 11. BIRTHPLACE (City and state or country) <u>Humphrey Mo 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Henry Oscar McKay</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary T. Chaveler</u> | 14. NAME OF HUSBAND OR WIFE <u>Hattie Williams</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Mrs. W.D. McKay</u> Address <u>Peger - 170</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u> |
| 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) | | | 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.) <u>331x</u> | |
| 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 <u>J. Williams</u> , to <u>James S.</u> and last saw him alive on <u>March 8, 1959</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Joseph S. Williams</u> (Degree or title) | | 22b. ADDRESS <u>Malone, Mo</u> | 22c. DATE SIGNED <u>3/8/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-10-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Glaze Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Peger - Mo</u> |
| 24. FUNERAL DIRECTOR <u>Schoenes</u> <u>Dwight Schoenes</u> ADDRESS <u>Mulan Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-11-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dwight Schoene*

Licensed Embalmer No. *2667*

P. O. Address *Meriden - 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.