

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020324

St. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

securing the medical certification in the specific manner required by 1925 LAW CHAPTER 1727.
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.

FILED JUL 2 1959 Registration District No. 13 Primary Registration District No. 3003 STATE FILE NUMBER 92

1. PLACE OF DEATH a. COUNTY <i>Barry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Monett</i>		c. CITY OR TOWN <i>Monett</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Vincents Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>511-5th</i>	
3. NAME OF DECEASED (Type or print) First <i>Ora</i> Middle Last <i>Mc Nally</i>		4. DATE OF DEATH Month <i>June</i> Day <i>17</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 24-1879</i>
9. AGE (In years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Retired teacher and merchant</i>	
10a. KIND OF BUSINESS OR INDUSTRY <i>Retired teacher and merchant</i>		11. BIRTHPLACE (City and state or country) <i>Cassville, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Peter Mc Nally</i>	
13b. MOTHER'S MAIDEN NAME <i>Emily J. Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Stasca Mc Nally (de'd)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or ones of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Dr. Ernest Mc Nally, Springdale Ark</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocardial degeneration</i>		2 yrs	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4222</i>		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 <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 <i>1-10-56</i> to <i>6-17-59</i> and last saw him alive on <i>6-17-59</i> Death occurred at <i>2:32 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank W. Bennett MD</i>		22b. ADDRESS <i>Monett Mo</i>	
22c. DATE SIGNED <i>6-20-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>Burial June 19-1959 Mt. Pleasant Cem.</i>		<i>S.W. of Purdy Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Bennett-Wormington, Monett Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-24-59</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs O.N. Cook</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DATE REC. 6-30-59

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 Gordon Bennett

Licensed Embalmer No. 4213
P. O. Address Monet, 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.