

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020332

STATE FILE NUMBER

JUL 21 1959 Registration District No. 11 Primary Registration District No. 5042 Registrar's No. 49

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Liberty</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Exeter, Mo. Rural</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS <b>Exeter, Mo. Rural</b>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Auburn</b> Last <b>McNabb</b>			4. DATE OF DEATH Month <b>June</b> Day <b>19</b> Year <b>1959</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>May 1 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (In years last birthday) <b>64</b>
11. BIRTHPLACE (City and state or country) <b>Exeter, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John McNabb</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Talbert</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Grace McNabb</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>None</b>	17. INFORMANT Address <b>Mrs S. H. Allman Wheaton, Missouri</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>Coronary thrombosis, massive</b> DUE TO (b) - <b>atherosclerosis, generalized</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>4261</b>			INTERVAL BETWEEN ONSET AND DEATH
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>9-12-57</b> to <b>5-23-59</b> and last saw her alive on <b>5-23-59</b> Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles J. [Signature]</b>		22b. ADDRESS <b>Chester, Missouri</b>	22c. DATE SIGNED <b>June 22, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-22-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cem.</b>	23d. LOCATION (City, town, or county) <b>Exeter, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>W. Maria Lopez [Signature]</b>		25. DATE RECD. BY LOCAL REG. <b>6-24-1959</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
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.

10-0

DATE REC. 6-30-59

NO. 031-11

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 James Kenneth Duncanson  
Licensed Embalmer No. 4767  
P. O. Address Wheaton, Ill.

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.