

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **60-001718**

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 23 days	c. CITY OR TOWN Monett
-d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 509 9th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) _____ c. (Last) McAvoy			4. DATE OF DEATH (Month) (Day) (Year) 1 27 60		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-29-1914	9. AGE (In years last birthday) 45	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and State or Foreign Country) Missouri	

13a. FATHER'S NAME Joseph McAvoy		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lucille McAvoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille McAvoy	
				ADDRESS Monett, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Arteriosclerotic Renal disease, and		DUE TO (c) Milk-Alkali Syndrome			years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mel 446X			years

19a. DATE OF OPERATION 1-20-60		19b. MAJOR FINDINGS OF OPERATION Obstructed duodenal ulcer		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-9-1959, to 1-27-1960, that I last saw the deceased alive on 1-27-1960, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hubert M. Parker M.D.		23b. ADDRESS 928 Argyle Bldg		23c. DATE SIGNED 1-27-60	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-27-60		24c. NAME OF CEMETERY OR CREMATORY Monett, Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE RECD BY LOCAL REG. 1-27-60		REGISTRAR'S SIGNATURE Nevas Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Wessell	
				ADDRESS Pierce City, Mo.	

MAR 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate by me, or by me..... Student Embalmer working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed P. Gordon Bea.....

Licensed Embalmer

P. O. Address M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND 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.