

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043087

LED VS NOV 3 0 1960

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 139

STATE FILE NUMBER

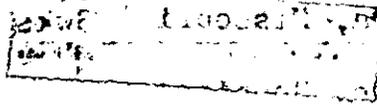
1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana, Missouri		Length of stay in 1b 3wks.	c. CITY OR TOWN Bowling Green, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 719 W. Centennial		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Leo McBride			4. DATE OF DEATH Month Day Year Nov. 21, 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (City and state or country) Pike Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Charles Lee McBride		13b. MOTHER'S MAIDEN NAME Frances Orf		14. NAME OF HUSBAND OR WIFE Evaline McBride		
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. 488-24-8230	17. INFORMANT Address Mrs. O.K. Williams, Bowling Green, Mo.			
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>Acute Hepatic Failure</i> DUE TO (b) <i>Cirrhosis of Liver</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>2 days more</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year						
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 <i>Sgt.</i> to <i>11/21/60</i> and last saw ^{her} him alive on <i>11/21/60</i> Death occurred at <i>12:55</i> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>John W. Middleton MD</i>			22b. ADDRESS <i>Louisiana, Mo.</i>		22c. DATE SIGNED <i>11/21/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 23, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Clement	23d. LOCATION (City, town, or county) (State) St. Clement, Missouri			
24. FUNERAL DIRECTOR ADDRESS Harold Kirks, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. <i>Nov 22-60</i>	26. REGISTRAR'S SIGNATURE <i>Bernice Culbert</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1961



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4597

P. O. Address Bowling

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.