

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010034

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 105 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 10 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 824 West 6th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Isabelle Middle B. Last McNAMARA 4. DATE OF DEATH Month April Day 2 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-21-1874 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Drug 11. BIRTHPLACE (City and state or country) Sedalia Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Charles L. Keck 13b. MOTHER'S MAIDEN NAME Clara L. Frisch 14. NAME OF HUSBAND OR WIFE Harry J. McNamara

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. no 17. INFORMANT Miss Lurean Keck Address 824 W-6th Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral vascular accident
 DUE TO (b) Generalized arteriosclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Pneumonia; Congestive Heart Failure
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Jan 7, 1954 to April 1st 1961 and last saw her live on April 1st 1961
 Death occurred at 12:43 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas J. Stephens, M.D. 22b. ADDRESS Sedalia, Mo. 22c. DATE SIGNED 4/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-4-1961 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) Sedalia Mo

24. FUNERAL DIRECTOR McLaughlin Bros Sedalia ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Apr 5-1961 26. REGISTRAR'S SIGNATURE Francis Shelby

MAY 2 1961

APR 11 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

K.P. Cary

Licensed Embalmer No. 3153

P. O. Address Sedalia 7

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.