

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-013385**  
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 393

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 24 1961**

1. PLACE OF DEATH  
a. COUNTY GREENE  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 24 DAYS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY WEBSTER  
c. CITY OR TOWN MARSHFIELD R4 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) SMI S.E. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
GEORGE W MCVAY APR 16 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-15-1886 9. AGE (last birthday) 74  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME WILLIAM MCVAY 13b. MOTHER'S MAIDEN NAME ELIZA PLANK 14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 16. SOCIAL SECURITY NO. --- 17. INFORMANT LIZZIE MCVAY Address MARSHFIELD R4

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). DEATH WAS CAUSED BY  
PART I. IMMEDIATE CAUSE (a) Sept Cerebral artery hemorrhage (b) --- (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) ---  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  Unknown  
9 March 1961 (28 days)

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 16 March 1961 to 16 April 1961 and last saw her/him alive on 15 April '61  
Death occurred at 1:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis M. Maple MD (Degree or title) 22b. ADDRESS Springfield, MO 22c. DATE SIGNED 18 April 61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 4-16-1961 23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD 23d. LOCATION (City, town, or county) MARSHFIELD MO (State)

24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD 25. DATE RECD. BY LOCAL REG. 4-19-61 26. REGISTRAR'S SIGNATURE Effie S. Meeton

APR 28 1961

MAY 3 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 *Robert*

Licensed Embalmer No. 384  
P. O. Address *Walter Crane MD*

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.