MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 245 STATE FILE NUMBER 1-61-028231

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b 4 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Green City
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 mi NW Green City
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alta Middle Grace Last McNabb
4. DATE OF DEATH Month August Day 27 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/25/1894
9. AGE (last birthday) 67
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Farm home
11. BIRTHPLACE (City and state or country) Lemons, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Benjamin Schnelle
13b. MOTHER'S MAIDEN NAME Rachel Clark
14. NAME OF HUSBAND OR WIFE John W. McNabb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT John W. McNabb, Address Green City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma of ovary — 6 mo+
DUE TO (c)
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 ☐ 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 2.10.61, to 8.27.61 and last saw her/him alive on 8.27.61
Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton T. Engler (Degree or title) MD
22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 8.27.61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/29/1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Green City, Mo.

24. FUNERAL DIRECTOR Glenn E. Kent & Son, ADDRESS Green City, Mo.
25. DATE RECD. BY LOCAL REG. Sept. 2. 1961
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

Milton T. English, M.D.

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo

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.