

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002676

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 8

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED JAN 24 1963

VS 300
Rev. 4/59

DATE AMENDED

10735
20050

3
4 1
5 2
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94200
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12 2-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Exeter Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Mary Elizabeth (Mollie) McNabb
4. DATE OF DEATH Month Day Year
January 19, 1963

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-27-1868 9. AGE (last birthday) 94
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) housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Sarcouxie, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Kavanaugh Armstrong 13b. MOTHER'S MAIDEN NAME Martha Powell 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 no) 16. SOCIAL SECURITY NO. 17. INFORMANT G.G. McNabb Address Exeter, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chr. Myocarditis INTERVAL BETWEEN ONSET AND DEATH 5 YEARS
DUE TO (b) Arteriosclerotic heart disease 20 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 1960 to 19 JAN 63 and last saw her alive on 18 JAN 1963
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.D. Jula MD 22b. ADDRESS NEOSHO MO 22c. DATE SIGNED 22 JAN 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-22-1963 23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery 23d. LOCATION (City, town, or county) (State) Exeter, Missouri

24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Missouri 25. DATE RECD. BY LOCAL REG. 1-22-63 26. REGISTRAR'S SIGNATURE Haydene Belka

USE BLACK INK OR TYPEWRITER RIBBON

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 Margaret C. Herbst

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.