

FILED APR 29 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0016020

CERTIFICATE OF DEATH

Registration District No. 137Primary Registration District No. 4218Registrar's No. 102DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 1
10a. 71
10b. 3
11. 2
12. 1
13. 1830
14. 4
15. 4
16. 60421
17. 0
18. 0
19. CREDITS
20. 1-0

4.0421

5. 3

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0421

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Patricia Mabel McCrary			Female	April 21, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	5a. 71	5b.	5c.	10-29-1896		7a. Henry
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Windsor			7d. Windsor Hospital			
7c. YES		7e. No				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Ireland		9. U. S. A.		10. Married		11. Leo McCrary
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 554-34-2202		13b. Housewife		13c.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.		14b. Henry	14c. Windsor		14d. yes	14e. 615 E. Florence St.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Patrick (?) Duffus			16. Maxwell Coleen (?) Duffus			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Leo McCrary			17b. 615 E. Florence St. Windsor, Mo. 65360			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. Immediate Cause		Torsional Aortic Dissection				2 hr.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST)		Generalized Carcinomatosis				5 mo.
		Bilateral Ovarian Carcinoma				6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
					19a. No	19b. —
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. DECEASED FROM	9-19-55	21b. 4-21-68	21c. 4-21-68	21d. DID.	21e. 8:25 A.M.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECIDENT WAS PRONOUNCED DEAD	YEAR	HOUR
			22a.	M. 22b.		
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Claude M. Thurber, M.D.		23b. Claude M. Thurber, M.D.	23c. M.D.	4-23-68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	
23a.		114 N. Main St.	Windsor	Mo.	65360	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN STATE		
24a. Burial	24b. Laurel Oak Cemetery		24c. Windsor	Mo.		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		CITY OR TOWN STATE ZIP			
24d. April 23, 1968	24e. Gause Funeral Home 301 W. Benton St.		Windsor, Mo. 65360			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
25a. Clifford Gause	25b. Mildred Bigum	25c. April 27, 1968				

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

15

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 Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.