

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5356

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 321 North Section</u>		d. STREET ADDRESS (If rural, give location) <u>321 North Section</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles E. McKay</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>February 6, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2, 1889</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	12. CITIZEN OF WHAT COUNTRY? <u>A</u>
13a. FATHER'S NAME <u>Benjamin McKay</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Baxter McKay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489 26 9715</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. McKay</u> ADDRESS <u>Hannibal Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4/201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>7-6-50</u> , 19 <u>50</u> , to <u>2-6-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-6-51</u> , 19 <u>51</u> , and that death occurred at <u>9:15 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>2-8-51</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-9-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal Missouri</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0644

1644
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RECEIVED FEB 16 1951
HEALTH DEPT.
DATE FILED FEB 17 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

John S. Ware

Licensed Embalmer No. 4050

P. O. Address Hannibal Missouri

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 this body is not embalmed, fact should be so stated above.