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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001986
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Gen. Hosp. — Length of stay in 1b 2 Mos

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

3. NAME OF DECEASED (Type or print): First MARGARET Middle ANNA Last McCEALY

4. DATE OF DEATH Month Jan. Day 1 Year 1959

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH** Mar. 31, 1914 **9. AGE** (In years last birthday) 44 — IF UNDER 1 YEAR: Months 9 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work at Home **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (City and state or country) Moscow Mills Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME Elmer McCealy **13b. MOTHER'S MAIDEN NAME** Minnie Gaedike **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) **16. SOCIAL SECURITY NO.** 490-32-5082 **17. INFORMANT** Minnie McCealy Address Moscow Mills 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Diabetes Mellitus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 26 OX
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 2/4/56 to Jan. 1, 1959 and last saw her/him alive on /
Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Clark Lee (Degree or title) **22b. ADDRESS** Troy Mo **22c. DATE SIGNED** 1/5/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Jan. 3, 1959 **23c. NAME OF CEMETERY OR CREMATORY** Anderson Hill Cemetery **23d. LOCATION** (City, town, or county) Lincoln County (State) Mo.

24. FUNERAL DIRECTOR D.W. McCoy **ADDRESS** Troy Mo **25. DATE RECD. BY LOCAL REG.** 1-5-1959 **26. REGISTRAR'S SIGNATURE** Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ....D. W. McCoy.....

Licensed Embalmer No. 3586

P. O. Address Troy 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.