

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018845

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 65

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

4085  
3085

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4 0

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94201

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DATE AMENDED

4/30/63  
4/30/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Lillian McKale  
Lillian McKale

DOCUMENT

ITEM NO. SHOULD READ

14 Lallie Lillian McKale, Wife  
17 Lallie Lillian McKale, Wife

BY AFFIDAVIT OF Informant

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED APR 16 1963</b>	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Vernon</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b> Length of stay in 1b <b>35 years</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> COUNTY <b>Vernon</b></p> <p>c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>1002 West Cherry Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <b>Charles Edward McKale</b></p>	
<p>4. DATE OF DEATH Month Day Year <b>April 9, 1963</b></p>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 29, 1887</b>
9. AGE (last birthday) <b>76</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Conductor, Mo. Pac.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Linn County, Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	13a. FATHER'S NAME <b>William Henry McKale</b>
13b. MOTHER'S MAIDEN NAME <b>Anna Belle</b>	14. NAME OF HUSBAND OR WIFE <b>Lallie Lillian McKale, Wife</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT <b>Lallie Lillian McKale, Wife, Nevada, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Acute Coronary Infarction</b>	
DUE TO (b) <b>Cause undetermined.</b>	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus, Diabetic coma 4 days before death.</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>April 5, 1962</b> to <b>April 9, 1963</b> and last saw him alive on <b>April 8, 1963</b> . Death occurred at <b>Nevada, Mo. 1:25 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>R. B. Wray, M.D., F.I.C.S.</b>	22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>
22c. DATE SIGNED <b>4/10/1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-12-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada, Vernon, Missouri</b>
24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b> ADDRESS <b>Nevada, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>4-13-1963</b>
26. REGISTRAR'S SIGNATURE <b>Anna E. Ferris</b>	

APR 30 1963

APR 24 1963

**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 Forrest D. Cooper

Licensed Embalmer No. 5186

P. O. Address 721 S. 2nd St., London

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.