

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031040

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 85

FILED JUL 29 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		Length of stay in lb	c. CITY OR TOWN <u>Mtn. Grove</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. Memorial Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Mtn. Grove</u>
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>Mc</u> Last <u>NAIRN</u>		4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/27/88</u>
9. AGE (last birthday) <u>75</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	11. IF UNDER 24 HR Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Izard County, Ark.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Kytke Ferguson</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan E. Brownlow</u>		14. NAME OF HUSBAND OR WIFE <u>Henry G. McNairn</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>Ms. Ray Pool</u>	
17. INFORMANT <u>Mrs. Ray Pool</u>		Address <u>Route 1, Box 107, Mtn. Grove, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (generalized)</u>		<u>UNKNOWN</u>	
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. <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 <u>4:00</u> a.m. <u>A.M.</u> Month, Day, Year <u>7/19/63</u>	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 <u>1958</u> to <u>7/19/1963</u> and last saw her ^{been} alive on <u>7/19/63</u>		Death occurred at <u>4:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. L. Spear M.D.</u>		22b. ADDRESS <u>Calver, Mo</u>	22c. DATE SIGNED <u>7-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/19/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morrison Cemetery</u>	23d. LOCATION (City, town, or county) <u>Morrison, Arkansas</u>
24. FUNERAL DIRECTOR <u>Carter Funeral Service</u>		25. DATE RECD. BY LOCAL REG. <u>7-25, 63</u>	26. REGISTRAR'S SIGNATURE <u>Mertie Craig</u>

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 Lowell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove

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.