

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035177

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1120

STATE FILE NUMBER

FILED SEP 23 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY (if outside corporate limits, give TOWNSHIP, only) OR TOWN <u>St. Joseph,</u> Length of stay in lb <u>Most of Life</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Meth. Hosp. &amp; Med. Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>2606 Jules Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>RACHEL</u> Middle <u>McGILL</u> Last <u>McGILL</u>			<b>4. DATE OF DEATH</b> Month <u>September</u> Day <u>15,</u> Year <u>1963</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Feb. 9, 1891</u>	<b>9. AGE</b> (last birthday) <u>72</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>	<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Avenue City, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Thomas Jefferson Kelly</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah L. Gordon</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Baret B. McGill</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>Daughter</u> Address <u>Miss Ruth McGill - St. Joseph, Missouri</u>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Atherosclerosis General</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Thrombosis Intercerebral Hemorrhage</u>		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		
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year					

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE
<b>21. I attended the deceased from</b> <u>Aug 6, 1963</u> to <u>Sept 15, 1963</u> and last saw her alive on <u>Sept 15 1963</u> Death occurred at <u>8:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

<b>22a. SIGNATURE</b> (Degree or title) <u>S.F. Senor M.D.</u>	<b>22b. ADDRESS</b> <u>St. Joseph Mo</u>	<b>22c. DATE SIGNED</b> <u>9-17-63</u> (State)
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Sept. 17, 1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) <u>St. Joseph, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Sept. 20, 1963</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Clark Goodell</u>
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DO NOT WRITE ON THIS STUB  
 AMENDED  
 VS 300 Rev. 4/59  
 1 5117  
 2 5117  
 3  
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 7 0  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF  
 S.F. Senor, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 1963

8113  
8114  
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Donald Stewart 9-17-63

**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 Alfred B. Harrington

Licensed Embalmer No. 3208

P. O. Address H. J. Joseph, Inc.

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.