

CERTIFICATE OF DEATH
FILED SEP 9 1968

124 68 0032571

Registration District No. 152 Primary Registration District No. 4219 Registrar's No. 204

DO NOT WRITE ON THIS STUB

9. 1
10a. 78
10b. 90
11. 0
12. 3
13. 4109
14. 9
15. 9
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0420
5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Nora May McCrary</u>			7. <u>Fe</u>	3. <u>September 1, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5b. <u>78</u>	5c. <u>78</u>	6. <u>February 15-90</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS SPECIFY YES OR NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <u>Urich, Mo.</u>			7c. <u>Yes</u>	7d. <u>501 No. Park St.</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Urich, Mo.</u>		9. <u>USA</u>		10. <u>Divorced</u>		11.
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. <u>499-16-8567</u>			13a. <u>Seamstress</u>		13b. <u>Dressmaker</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Urich</u>		14d. <u>Yes</u>	14e. <u>501 No. Park St.</u>
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Jessias (none) Goodman</u>			16. <u>Emma L. Henny</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Glen A. McCrary</u>			17b. <u>Fremont, California.</u>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <u>Unknown Natural Cause.</u>						<u>Unknown.</u>
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <u>Probable Myocardial Infarction</u>						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)						AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
20a.		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR) AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.		21b.		21c.	21d.	21e.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						HOUR
22a.						22b.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>Richard H. Key M.D.</u>		23b. <u>Richard H. Key M.D.</u>		23c. <u>MD</u>		23d. <u>9-3-68</u>
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN	STATE ZIP
23a.			23b.		23c.	23d.
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION CITY OR TOWN STATE	
24a. <u>Burial</u>		24b. <u>Urich</u>			24c. <u>Urich, Missouri</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. <u>Sept. 4, 1968</u>		24e. <u>Snow's Funeral Home, 201 E. 4th., Urich, Mo.</u>				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Ruth J. Snow</u>			25b. <u>Mildred Bigum</u>		25c. <u>Sept. 3, 1968</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 12 1968

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 Merle Snow

Licensed Embalmer No. 4034

P. O. Address Wich, 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.

Permit obtained 9-3-68 MB