

FILED APR 1 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0012997

## CERTIFICATE OF DEATH

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 29DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. John Palmer Metcalf 7. Male 8. March 15, 1968RACE WHITE, NEGRO, AMERICAN INDIAN, AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH  
4. White 5a. 78 5b. MOS. 5c. DAYS 5d. HOURS 5e. MIN. 6. May 1, 1889 7a. NewtonCITY, 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. Stella, 7c. Yes 7d. Cardwell Memorial HospitalSTATE 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. Kentucky 9. USA 10. Married 11. Emma ThomasSOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY  
12. 494-18-6660 13a. Retired Carpenter 13b. GeneralRESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER  
14a. Missouri 14b. Newton 14c. Granby 14d. Yes 14e. South MainFATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
15. Elisha Metcalf 16. Sarah WilliamsINFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
17a. Emma Metcalf 17b. Granby, Missouri 64844

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) ACUTE MYOCARDIAL INFARCT 3 HOURS  
DUE TO, OR AS A CONSEQUENCE OF:  
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  
(b) ARTERIO-SCLEROTIC HEART DISEASE 3 YEARS  
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 (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH  
19a. No 19b. NoACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 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. M. 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: MONTH DAY YEAR 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 AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.  
21a. 11/4/64 TO 3/15/68 21c. 3/15/68 21d. I DID NOT 21e. 5:15 P.M.CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.  
22a. 22b. M. 22c. 22d. 22e. 22f. 22g. 22h.CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)  
23a. CHARLES D. O., CHESTER D.O. 23b. Charles Ochester D.O. 23c. D.O. 23d. 3/21/68MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP  
23a. 596 HIGH ST. GRANBY, Mo. 64844BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE  
24a. Burial 24b. Rocky Comfort Cemetery Rocky Comfort, Mo.DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) FUNDRAISING DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR  
24a. 3-18-68 24b. Snewake Funeral Home Granby, Missouri 64844 24c. Logan E. Snewake 24d. Michael D. Snewake 24e. 3-24-68

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

DECEASED

PARENTS

CAUSE

CERTIFIER

BUR

9. 0  
10a. 78  
10b.  
11. 1  
12. 1  
13. 4109  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

4-25/68

**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 Floyd E. Skumbe Jr.

Licensed Embalmer No. 4923

Box 218 Granby, Missouri 64844

P. O. Address \_\_\_\_\_

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.