S. No. 300
10-48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7469

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 357

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #2 Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
d. STREET ADDRESS (If rural, give location): — — —

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) G. c. (Last) McClaskey

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-21-84

9. AGE (In years last birthday): 64 — If under 1 year: Months 8, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — — —

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Milan - Mo

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James S. McClaskey

13b. MOTHER'S MAIDEN NAME: Cindy Kennedy

14. NAME OF HUSBAND OR WIFE: Edna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): M (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: James McClaskey, Kansas City - Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — exclusion

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: suddenly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic 45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1949, *to* 3-29, 1949, *that I last saw the deceased alive on* 3-29, 1949, *and that death occurred at* 6 50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Eossina M.D.

23b. ADDRESS: State Hospital #2 St Joseph Mo

23c. DATE SIGNED: 3-29-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 3/31/49

24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery

24d. LOCATION (City, town, or county): Milan Sullivan (State): Mo

DATE REC'D BY LOCAL REG.: April 2, 1949

REGISTRAR'S SIGNATURE: E. C. Jenkins 382

25. FUNERAL DIRECTOR'S SIGNATURE: Stone, Funeral Home - St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St Joseph

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 this body is not embalmed, fact should be so stated above.