

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9591

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>109 S. 4th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle)	c. (Last) <u>McCanne</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug 4 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>	10b. KIND OF BUSINESS* OR INDUSTRY <u>Brown Shoe Co</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Asa Fidler</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Fetty</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>491-07-1054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Colo.</u>	ADDRESS <u>Moberly, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the</u>		
	ANTECEDENT CAUSES <u>Bladder - metastases</u>		
	DUE TO (b) <u>general</u>		
	DUE TO (c) <u>155X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>Mar. 9 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Expl. Lap - Carcinoma base bladder &amp; general abdominal metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 3, 1949, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard E. ...</u> (Degree or title)	23b. ADDRESS <u>Moberly Mo 346 Woodland Ave</u>	23c. DATE SIGNED <u>Mar 10 49</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Mar 12 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-11-49</u>	REGISTRAR'S SIGNATURE <u>Charles Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>269 Mahanand Law</u>	ADDRESS <u>Moberly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

88  
66  
3

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 3-49-4

Date Filed MAR 16 1949

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 .....  
Student Embalmer

Signed Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Proby, 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 this body is not embalmed, fact should be so stated above.