

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11380
State File No.

FILED APR 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>		c. CITY OR TOWN <u>Rural - Independence Miss.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>McCune</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1949</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 17, 1885</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. P. Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Kirkland</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar McCune</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar McCune, Downing, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrenous gall bladder with abscess</u>					<u>4 weeks</u>
		DUE TO (c) <u>Diabetes</u>					<u>unknown</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>3-14-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholecystectomy (gangrenous with abscess-stones, one in cystic duct)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-8-49</u> , 19 <u> </u> , to <u>4-8-49</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-8-49</u> , 19 <u> </u> , and that death occurred at <u>2:33p.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl Laughlin Jr</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>4-13-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-13-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Moore Downing, Mo.</u>			

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

MAY 23 1949

RECEIVED
District Health Officer No. 10
District File Number 44970
Date Filed APR 22 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.