FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9918

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Vermont
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Island Pond, 8440
d. STREET ADDRESS (If rural, give location): None 8

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle):
c. (Last): KANE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peddler
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Bridget, Quebec
12. CITIZEN OF WHAT COUNTRY? Unknown

13a. FATHER'S NAME: Peter Kane
13b. MOTHER'S MAIDEN NAME: Ellen Kennedy
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: James Kane — ADDRESS: Island Pond, Vt.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Hypostatic

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral Communited fracture
DUE TO (c) legs - Mid 1/3

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 81 Phelps Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 3 1950 5p m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Walking on shoulder and struck Car (automobile) accident by car.

22. *I hereby certify that I attended the deceased from* 2/3, 1950, *to* 2/12, 1950, *that I last saw the deceased alive on* 2/12, 1950, *and that death occurred at* 12:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R. Little O.M.D.
23b. ADDRESS: Waynesville, Mo.
23c. DATE SIGNED: 2/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
24d. LOCATION (City, town, or county) (State): Rolla, Mo.

DATE REC'D BY LOCAL REG.: 3-17-50
REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe 389
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null — ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3/16/50
Pulaski County Health Officer
File Number 24
Date Filed 3/17/50

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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