

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15692

State File No.

BIRTH NO. 52897-49 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo. 1100</u> b. COUNTY <u>Washington</u>							
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Potosi</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Liberty</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Remond</u>				d. STREET ADDRESS (If rural, give location) <u>Liberty Rt. Potosi Mo</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>			b. (Middle) <u>-</u>		c. (Last) <u>McCue</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-1950</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 23-1949</u>		9. AGE (In years last birthday) <u>10</u> <u>36</u> If under 1 year: Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Franklin McCue</u>				13b. MOTHER'S MAIDEN NAME <u>Theresa May Reynolds</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Franklin McCue, Potosi, Mo.</u>				ADDRESS <u>Liberty</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma.</u>							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>241X</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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>the treatment</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov</u> , 19 <u>50</u> , and that death occurred at <u>P.A.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Potosi, Mo.</u>				23c. DATE SIGNED <u>4-20-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remond</u>		24b. DATE <u>4-21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4/21/50</u>		REGISTRAR'S SIGNATURE <u>Herbert Wallace</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luttie Spades</u>				ADDRESS <u>Potosi, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
MAR 10 1950
EMERALD HEALTH OFFICE No. 4
450-590

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 *Murphy L. Spahr* _____

Licensed Embalmer No. *4236* _____

P. O. Address *F. L. R. Co.* _____

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.