

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21141

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3022 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>408 W. 4th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Josephine Mary Agnes McCloskey</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1950</u>
---	------------	-------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 7-1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
----------------------	-------------------------------	--	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Civil Service of Agriculture</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Dept</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Charles McCloskey</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget O'Shanghnessy</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCE? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Parish</u>	ADDRESS <u>Sedalia</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recurrent Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of the Rt. Breast (Removed years ago)</u>		<u>eight</u>
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility. Advanced Arterio- Sclerosis.</u>		<u>Over 1 year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 Two months, 1950, to June 18th, 1950, that I last saw the deceased alive on June 17th 1950, and that death occurred at 12-25 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>6-19-50.</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-20-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
---	--	--	------------------------

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

RECEIVED JUN 26
District Health Officer No. 8

District File Number _____

Date Filed 7/6/50

JUL 14 1950

AUG 10 1950

JUL 14 1950

AUG 10 1951

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 _____

K.P.M. Gray

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.