

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3747

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Homer. 1st Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Homer. 1st Twp.	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Lillie McCann			4. DATE OF DEATH Feb. 23 1951		
a. (First)	b. (Middle)		c. (Last)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-13-1904		9. AGE (In years last birthday) 46
			F UNDER 1 YEAR 11	F UNDER 1 YEAR 10	F UNDER 1 YEAR 10
			Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Baize		13b. MOTHER'S MAIDEN NAME Annetta Baize		14. NAME OF HUSBAND OR WIFE Perry B. McCann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Perry B. McCann Amoret, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		DUE TO (b) Chv. Hypertension		Sudden
		ANTECEDENT CAUSES		DUE TO (c) Chv. Hypertension		5 yr
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chv. Hypertension
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) (Min.)		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 May 10, 1948, to Feb 22, 1951, that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. W. Luter, M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 2/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-27-51		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler, Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb. 27-1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Mangold Amsterdam, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2070

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-5-51

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 L. G. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.