.S. No. 300
EV. 10.48

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7796

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 39

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

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freeman
c. LENGTH OF STAY (in this place) 75 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freeman 0190
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) L c. (Last) McKean

4. DATE OF DEATH (Month) Apr (Day) 3 (Year) 1951

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 5-1861
9. AGE (In years last birthday) 90 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Butler Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Seiver
13b. MOTHER'S MAIDEN NAME Martha Ann Power
14. NAME OF HUSBAND OR WIFE Thompson McKean

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. NONE
17. INFORMANT'S SIGNATURE OR NAME Nellie M. McKean ADDRESS Freeman Mo

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 — INTERVAL BETWEEN ONSET AND DEATH 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, Femur, Shaft, Left — 4 Months
DUE TO (c) 1 or 30

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

19a. DATE OF OPERATION Dec. 12, 1950
19b. MAJOR FINDINGS OF OPERATION Fracture L. Femur — 019
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.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Freeman, (COUNTY) Cass (STATE) Mo—

21d. TIME OF INJURY (Month) Dec. (Day) 8, (Year) 1950 (Hour) 9P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in Floor—Fractured Leg—

22. I hereby certify that I attended the deceased from Dec. 8, 1950, to Apr. 3, 1951, that I last saw the deceased alive on Apr. 3, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Barger (Degree or title) M.D.O
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED Mar. 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 6-1951
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) Freeman (State) Mo.

DATE REC'D BY LOCAL REG. April 5, 1951
REGISTRAR'S SIGNATURE Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburger's ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 9 1951
CASS COUNTY
HEALTH DEPARTMENT

JUL 17 1951

OCT 8 1958

MAY 7 1958

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 _____

_____, working under my personal supervision

Student Embalmer No. _____

Signed Ernest Rummenburger

Signed _____
Student Embalmer

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.