

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11227

980
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6095</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Downing (rural)</u>		c. LENGTH OF STAY (In this place) <u>5 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Queen City</u>		<u>09801</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Alice</u> c. (Last) <u>McCuskey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 '51</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-7-1876</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Queen City, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			
13a. FATHER'S NAME <u>Thomas Keescker</u>		13b. MOTHER'S MAIDEN NAME <u>Dorah Jane Buchanan</u>		14. NAME OF HUSBAND OR WIFE <u>George Newton McCuskey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (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>Joseph J. McCuskey</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u>15 years</u>	
		DUE TO (c) <u>Essential Hypertension</u>				<u>15 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteritis</u>				<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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>8/23</u> , 19 <u>50</u> , to <u>3/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/18</u> , 19 <u>50</u> , and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward M. Roberts</u>				23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>3/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28, '51</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. P. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Hoagy</u>			
				ADDRESS <u>Queen City Mo</u>			

Date Received: MAR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-611
Date Filed: MAR 30 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 *Jack H. Doohy*

Licensed Embalmer No. *4619*

P. O. Address *Queen City, 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.