

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13523

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>262</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phantom</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla Mo.</u>		c. LENGTH OF STAY (in this place) <u>60 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Frazer</u> b. (Middle) <u>O.</u> c. (Last) <u>McCune</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 17 1868</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Emma McCune</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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 ADDRESS <u>Ida E. Harris Kansas City Kans.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u> <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Senility - arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4221</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from <u>Apr 1</u> , 1951, to <u>Apr 14</u> , 1951, that I last saw the deceased alive on <u>Apr 14</u> , 1951, and that death occurred at <u>11:20 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Feind M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 534 Rolla mo</u>		23c. DATE SIGNED <u>4-20-51</u>		24a. PORTAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Car Green Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dadine L. Stoll of Duncan Funeral Home Ma. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Dadine L. Stoll</u> 380		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dadine L. Stoll of Duncan Funeral Home Ma. Mo.</u>			

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed April 23, 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 S. B. Muel _____

Licensed Embalmer No. 3397 _____

P. O. Address Rolla 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.