

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 278

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Buchanan 0117		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (In this place) 54 yrs.		d. STREET ADDRESS (If rural, give location) 1610 Beattie Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1610 Beattie Street			
3. NAME OF DECEASED (Type or Print) a. (First) Wilburn b. (Middle) B c. (Last) McCann			4. DATE OF DEATH (Month) (Day) (Year) January 9, 1952.
5. SEX Male 6	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July 16, 1869
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Holt County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jacob Mc Cann		13b. MOTHER'S MAIDEN NAME Caroline Butler	14. NAME OF HUSBAND OR WIFE Mary Ellen McCann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. 493-18-9762	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ellen McCann St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> INTERVAL BETWEEN ONSET AND DEATH 16 yrs? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Arterio Sclerotic</i> Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4210.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3/25 1950, to 1/6 1952, that I last saw the deceased alive on 1/6 1952, and that death occurred at 6:30 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Frank J. Handegan (Degree or title) M.D.		23b. ADDRESS 670 Frances St.	23c. DATE SIGNED 1/10/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. Jan. 16, 1952		REGISTRAR'S SIGNATURE Carl C. Casutt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meischner St. Joseph, Mo

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

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.....****
Student Embalmer

Signed *Robert C. Spangler*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.