

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27607**

**FILED SEP 9<sup>th</sup> 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>9 days</b>		d. STREET ADDRESS (If rural, give location) <b>1906 Russell St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Isabell</b> c. (Last) <b>McCuan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16. 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>March, 24, 63</b>	9. AGE (In years last birthday) <b>89</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Sam. A. Bateman</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy C. Vaughn</b>	14. NAME OF HUSBAND OR WIFE <b>J. F. McCuan, Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charley McCuan,</b> ADDRESS <b>Essex, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>  <b>years</b>  <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4210</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 11 Aug, 1952, to 16 Aug, 1952, that I last saw the deceased alive on 16 Aug, 1952, and that death occurred at 1:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joe A. Zimmerman, M.D.</b>	23b. ADDRESS <b>Kennett, Mo</b>	23c. DATE SIGNED <b>18 Aug 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 19. 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield, Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-18-52</b>	REGISTRAR'S SIGNATURE <b>Earl Hubbard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b> ADDRESS <b>Dexter, Mo.</b>
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S. No. 300  
v. 10.48

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WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 8-18-52 .....  
COUNTY FILE NUMBER 852-227 .....

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 Walter March Winters

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.