

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28850

State File No.

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 93

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PINEVILLE</u> | |
| c. LENGTH OF STAY (in this place) <u>7 DAS.</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE - MEMORIAL</u> | | | |

| | | | | | |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>- HENRY</u> c. (Last) <u>KANE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-52</u> | | |
| 5. SEX <u>M</u> O | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | |
| 8. DATE OF BIRTH <u>7-30-1883</u> | | 9. AGE (In years last birthday) <u>69</u> | | 10. 1 YEAR <u>0</u> Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u> | | 11. BIRTHPLACE (State or foreign country) <u>PITTSBURG - KANSAS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>G. LEWIS - KANE</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>LOUISA - HUSTON</u> | | 14. NAME OF HUSBAND OR WIFE <u>NELLIE - KANE</u> | | | |

| | | | | | |
|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>494-18-0512</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE - KANE</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 19. MEDICAL CERTIFICATION | | 20. INTERVAL BETWEEN ONSET AND DEATH | |

| | | | |
|--|--|--------|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | 1 hour | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Permitting Anemia</u> | | 1 year | |
| DUE TO (b) _____ | | _____ | |
| DUE TO (c) _____ | | _____ | |
| 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 | | 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) (Min.) | | 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 18 Aug 1952, to 24 Aug 1952, that I last saw the deceased alive on 24 Aug 1952, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Deno or title) | | 23b. ADDRESS <u>Neosho Mo</u> | | 23c. DATE SIGNED <u>2 Sept 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>8-27-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>PINEVILLE - MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>223 -</u> | | | |

| | | | | | |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>9-2-52</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Boehman MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Neosho Mo</u> | |
|--|--|---|--|--|--|

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

132
0

RECEIVED

District Health Officer

NEWTON COUNTY HEALTH UNIT

District Office Number

952-182

Date

SEP. 11. 1952

NEOSHO, MISSOURI

SEP 15 1952

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 Wayne E. Humphrey

Licensed Embalmer No. 42162

P. O. Address Princeton, 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.