

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

State File No. **17851**

17851

No. 300
10-48

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Holt 0440		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt 0440	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City 0	
c. LENGTH OF STAY (In this place) 7 WKS.		d. STREET ADDRESS (If rural, give location) Mound City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Browne Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) B. c. (Last) McCaskey			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Apr. 16, 1872	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 10 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Chiropracter		11. BIRTHPLACE (City and State or Foreign Country) Sydney, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James McCaskey	13b. MOTHER'S MAIDEN NAME Sarah Barnard	14. NAME OF HUSBAND OR WIFE None
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Williams	ADDRESS Mound City
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE NEPHRITIS</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC HYPERTROPHY</u>		2 YEARS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 MAR 20, 1953, to MAY 23, 1953, that I last saw the deceased alive on MAY 23, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. E. Colbin</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>OREGON MO.</u>	23c. DATE SIGNED <u>5-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tarkio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-25-53</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	469	25. GENERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>	ADDRESS <u>Mound City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James N. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.