No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17866

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5336 Registrar's No. 17

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

1. PLACE OF DEATH
a. COUNTY: Howell 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. Galdsberg
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. Galdsberg T. 0460
d. STREET ADDRESS (If rural, give location): S. Mtn View

3. NAME OF DECEASED (Type or Print)
a. (First): TEDDY
b. (Middle): —
c. (Last): McCANN

4. DATE OF DEATH (Month) (Day) (Year): 5-19-53

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan-4-1906
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): HARRISON - ARK.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ALLIE-McCANN
13b. MOTHER'S MAIDEN NAME: LUCY-McCANN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: LUCY-McCANN-MTN-VIEW-MO — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Patent Ductus Arteriosis — INTERVAL BETWEEN ONSET AND DEATH: Life

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7541
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1953, *to* May 18, 1953, *that I last saw the deceased alive on* May 18, 1953, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas R. Skaggs mk
23b. ADDRESS: Mt. View MO
23c. DATE SIGNED: May 26 53

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: May 24 53
24c. NAME OF CEMETERY OR CREMATORY: Merminette Cem.
24d. LOCATION (City, town, or county) (State): Birch Tree MO

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: Laura Mitchell 126
25. FUNERAL DIRECTOR'S SIGNATURE: Duncan Funeral Home — ADDRESS: Mtn View MO

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Donovan

Licensed Embalmer No. 2576

P. O. Address Mt. Vernon 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.