

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23619

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>2701</u>		Registrar's No. <u>100</u>		
1. PLACE OF DEATH a. COUNTY <u>HIVINGSTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HIVINGSTON</u>				
b. CITY OR TOWN <u>UTICA</u>		c. LENGTH OF STAY (in this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UTICA</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Jennie</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>McCain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 7, 1876</u>		
9. AGE (in years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Bloom</u>		13b. MOTHER'S MAIDEN NAME <u>Ethoxy Kerschrick</u>		14. NAME OF HUSBAND OR WIFE <u>Froy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph McCain - Utica MO</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Utica MO</u>		
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 <u>May 9</u> , 19 <u>50</u> , to <u>July 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 20</u> , 19 <u>54</u> , and that death occurred at <u>2 P. m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph F. Gale M.D.</u> (Degree or title)				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>7-21-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Utica MO</u>		
DATE REC'D BY LOCAL REG. <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>Gertrude E. Emery</u> 175		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Lodge, Chillicothe, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Gale

AUG 4 1954

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 Richard W. Boudall

Licensed Embalmer No. 48166

P. O. Address Chillicothe, 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.