

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30954

State File No. ....

FILED OCT 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 394

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>INDEPENDENCE</b>	c. LENGTH OF STAY (in this place township) <b>3 mos.</b>	c. CITY OR TOWN <b>DAWN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>90</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEPENDENCE NURSING HOME</b>		STREET ADDRESS (If rural, give location) <b>051</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSANNA</b> b. (Middle) _____ c. (Last) <b>McCLOUGHAN</b>			4. DATE OF DEATH <b>OCTOBER 8 1954</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 10 1869</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>28</b>	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GRUNDY COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>MARTIN CULVER</b>		13b. MOTHER'S MAIDEN NAME <b>HANNA</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE W. McCLOUGHAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VIRGIL R. McCLOUGHAN KANSAS CITY</b>	

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) <b>Embolism of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
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 <b>151X</b>		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)	
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 Sept 17, 1954, to Oct 8, 1954, that I last saw the deceased alive on Oct 8, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Medco Smith MD</b> (Degree or title)		23b. ADDRESS <b>10229 Republic Rd</b>		23c. DATE SIGNED <b>Nov 10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 10-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UTICA</b>	
24d. LOCATION (City, town, or county) <b>UTICA MISSOURI</b>		24e. (State) _____			

DATE REC'D BY LOCAL REG. <b>10-10-54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dixon S. Kesley Jenden Mo</b>	
--	--	--	--	---	--

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.....  
Signature of Student Embalmer

Signed *Dipon S. Keyley*.....

Licensed Embalmer No. *422*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.