

5751

State File No. _____

BIRTH NO. 9535-55		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052 Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Pettis		0804		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		(If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) 1302 East 6th	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) LEE		c. (Last) McCUNE	
4. DATE OF DEATH Feb. 17, 1955		(Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH Feb. 16, 1955		9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	
11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME A.L. McCune		13b. MOTHER'S MAIDEN NAME Cleo Bell McCune		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.L. McCune, Sedalia, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nepheline membrane disease 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. Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒ 5272	
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)		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 2-16, 1955, to 2-17, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 8:10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Chas. Gordon Steenpfehl M.D.		(Degree or title)		23b. ADDRESS Sedalia, Missouri	
23c. DATE SIGNED 2-19-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, Sedalia, Mo.	
24d. LOCATION (City, town, or county) Sedalia, Mo.		(State)			
DATE REC'D BY LOCAL REG. 2-19-55		REGISTRAR'S SIGNATURE Lawrence Coontz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ewing Sedalia, Mo.	

(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

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address

Sedalia 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.