

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14776

FILED MAY 27 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Grand Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Grand Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jim</u>	b. (Middle) <u>*</u>	c. (Last) <u>McCane</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1955</u>
-------------------------------------	-----------------------	----------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 HRS. Hours <u>24</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
-----------------------	----------------------------------	--	--	--	-------------------------------------	---------------------------------------	---	---	--	---

13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Ina McCane</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrl Hon</u>	ADDRESS <u>R-3 Poplar Bluff</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>331X</u>	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 April 12, 1955, to May 3, 1955, that I last saw the deceased although May 3, 1955, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold A. Heronson MD</u>	23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>May 14, 55</u>
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5/20/55</u>	REGISTRAR'S SIGNATURE <u>R. M. Murrell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Ermert</u>	ADDRESS <u>Corning, Ark.</u>
--	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAY 23 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

-----Me-----

Student Embalmer No. -----

working under my personal supervision.

Student -----  
Student Embalmer

Signed

*L. S. Russell*

Licensed Embalmer No. 532

P. O. Address: Corning, Ark.

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.