

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40725**  
**5511**

FILED JAN 11 1956 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5511

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>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>6 Weeks</b>	c. CITY OR TOWN <b>Smithville</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2 Miles South of Smithville</b>	

3. NAME OF DECEASED a. (First) <b>Isaac</b> b. (Middle) <b>James</b> c. (Last) <b>McEown</b>		4. DATE OF DEATH <b>Dec. 18, 1955</b>	
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 22, 1866</b>
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR: Months <b>0</b> Days <b>20</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Platte County, Missouri</b>
13a. FATHER'S NAME <b>John McEown</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Ballard</b>	14. NAME OF HUSBAND OR WIFE <b>Mattie May McEown</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 <b>R. H. McEown</b> ADDRESS <b>Smithville, Mo. RFD</b>	
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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) <b>Bronche pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Myocardial Infarction</b>		<b>6 mos</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		<b>4201</b>

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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 4-29, 1955, to 12-18, 1955, that I last saw the deceased alive on 12-18, 1955, and that death occurred at 5:20am, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. A. Stagg</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1030 Apple H.C. Mo</b>	23c. DATE SIGNED <b>12-19-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-19-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas Funeral Home</b> ADDRESS <b>Smithville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Donald W. Hanks*.....

Licensed Embalmer No *1152*.....

P. O. Address *Smithville, Mo.*.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.