

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1956

State File No. **2180**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>LAKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chamois</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Waukegan</b>	
c. LENGTH OF STAY (in this place) <b>4 months</b>		d. STREET ADDRESS (If rural, give location) <b>410 Lincoln Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City of Chamois</b>			

3. NAME OF DECEASED (Type or Print) <b>CECELIA</b>	a. (First)	b. (Middle) <b>-</b>	c. (Last) <b>Mc Cann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 9 56</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>25 August 1893</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. 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		11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>Peter Nahler</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Metzner</b>	14. NAME OF HUSBAND OR WIFE <b>Owen McCann</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>Owen McCann</b> ADDRESS <b>Chamois, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>364 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</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) <b>151X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver, Arteriosclerosis</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Oct 16, 1955**, to **Jan 9, 1956**, that I last saw the deceased alive on **12-19-1956**, and that death occurred at **7:35 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. B. Farnsworth, D.O.</b>	23b. ADDRESS <b>Chamois, Mo.</b>	23c. DATE SIGNED <b>1-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12 Jan 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chamois Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-10-56</b>	REGISTRAR'S SIGNATURE <b>Anna Moran 448</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley E. Dwyer</b> ADDRESS <b>Chamois, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1956

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.....

*Stanley E. Meyer*

Licensed Embalmer No. ....

4635

P. O. Address.....

*Chenais, 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.