

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1956

State File No. **19651**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **629**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 90 yrs		e. STREET ADDRESS (If rural, give location) 1124 Corby Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Ann c. (Last) McKown			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY Donnelly Garment Co.		11. BIRTHPLACE (City and State or Foreign Country) Plattsburg, Mo.		12. CITIZENRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Newby		13b. MOTHER'S MAIDEN NAME Belle Orr		14. NAME OF HUSBAND OR WIFE Frank Spencer McKown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 545-32-3780		17. INFORMANT'S SIGNATURE OR NAME Frank S. McKown ADDRESS St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of left bronchus (Proven previously by biopsy)				INTERVAL BETWEEN ONSET AND DEATH 74 mos Years
		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 Pulmonary emphysema & fibrosis Atherosclerotic heart disease				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X				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 **Aug 22, 1955**, to **June 5, 1956** that I last saw the deceased alive on **June 4, 1956**, and that death occurred at **3:05A. m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Beryl A. Potter Jr. M.D.		23b. ADDRESS Physicians & Surgeons Bldg.		23c. DATE SIGNED 6/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery (State) St. Joseph, Missouri.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 12, 1956 Cashed M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Melchroffer F. Leaman ADDRESS St. Joseph, Mo.	
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(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.....
Signature of Student Embalmer

Signed *Raymond W. Moreh*.....

Licensed Embalmer No. 4413...

P. O. Address ...St. Joseph...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.