

FILED NOV 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33095**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5097 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (if outside corporate limits) OR TOWN <u>4 miles East of Passac, MO</u> LENGTH OF STAY (in this place) <u>3MO.</u>		c. CITY OR TOWN <u>Adrian, Mo.</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Mrs. John Cushard</u>			
e. STREET ADDRESS _____		(If rural, give location) <u>00700</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Julian</u>	c. (Last) <u>McCanles</u>	4. DATE OF DEATH (Month) <u>October</u> (Day) <u>29</u> (Year) <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 27th. 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairburg Neb.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William M. McCanles</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Martha McCrigh</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie McCanles Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(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. Maddona Cushard Butler, Mo</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		<u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endarteritis, obliterans</u>		<u>5 years</u>
DUE TO (c) <u>Fracture left hip</u>		<u>2 mos</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10/27</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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18a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Mt. Pleasant Bates, Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adrian, Bates, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 2-1956</u> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10/27 1956, to 10/29, 1956, that I last saw the deceased alive on 10/27, 1956, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dexter W. Luster MD</u>	23b. ADDRESS <u>Butler Mo</u>	23c. DATE SIGNED <u>10/31/56</u>
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24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov, 1st 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Adrian, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 1-56</u>	REGISTRAR'S SIGNATURE <u>Randall Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson-Deckey</u>	ADDRESS <u>Adrian, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1170

1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100

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 *Robert W. Peterson*

Licensed Embalmer No. *4902*

P. O. Address *Hausman, Ia.*

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.