

No. 300
10-20
920

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39130**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. one

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hi-Way 40-60</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Bethel</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dard... 1st St</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) <u>8715 Walker</u> <u>§1508</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Persing</u> c. (Last) <u>Clancy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 23, 1956</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>January 12, 1919</u>		9. AGE (In years last birthday) <u>37</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cairo, Illinois</u>	
13a. FATHER'S NAME <u>George William Clancy</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Behrendt</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Mary Clancy</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>331-18-8902</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Clancy, 3300 Orville,</u>	
				ADDRESS <u>Kansas City, Kansas</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Injuries suffered in a two-car automobile accident</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Injuries suffered in a two-car automobile accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>81K4</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40-61</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Charles</u> (COUNTY) <u>Wyandotte</u> (STATE) <u>Kansas</u>
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21d. TIME OF INJURY <u>Nov 24-56</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Imp Part Hit Head on</u>
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22. I hereby certify that I attended the deceased from Nov 26-1956, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Morris Murchay Cronin</u>	(Degree or title)	23b. ADDRESS <u>Wentzville Mo</u>	23c. DATE SIGNED <u>11-26-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Villa Ridge, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>11-27-56</u>	REGISTRAR'S SIGNATURE <u>E. A. Keahly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Karcher Funeral Home</u>	ADDRESS <u>Cairo, Illinois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEC 12 1958

DEC 12 1958

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 *Garlton S. Pittman*

Licensed Embalmer No...497

P. O. Address...*Wentz*

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.