

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004800
State File No.

FILED FEB 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5244</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Cockrell</u>)		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cockrell Township</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. East of Musselfork</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi East of Mussel fork</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. East of Musselfork</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>James</u>		c. (Last) <u>McCloud</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1958</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>May 2, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas McCloud</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Duvall</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Sullivan McCloud</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herschel McCloud RR2 Bynumville Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Lung?</u>		ANTECEDENT CAUSES				DUE TO (b) <u>none</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>163X</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death <u>prostate obstruction - benign</u>				DUE TO (c) <u>163X</u>	
19a. DATE OF OPERATION <u>Aug 28, 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy - benign obstruction</u>				20. AUTOPSY? <u>2</u> 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)		21d. STATE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Aug 27, 1957</u> , to <u>Feb 14, 1958</u> , that I last saw the deceased alive on <u>Aug 27, 1957</u> and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Hawkins - M.D.</u> (Degree or title)				23b. ADDRESS <u>Salisbury, Mo</u>		23c. DATE SIGNED <u>Feb 15, 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/17/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fitzgerald Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-15-58</u>		REGISTRAR'S SIGNATURE <u>J. J. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B. Winkelman Salisbury Mo.</u>			

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
Student Embalmer

Signed

Chas B Winkelmeier

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.