

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-008524
State File No.

| | | | | | | | |
|--|---------------------------|---|------------------|--|----------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>339</u> | | PRIMARY REG. DIST. NO. <u>4502</u> | | Registrar's No. <u>8</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Stoddard</u> | | b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Puxico</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | |
| a. STATE <u>Missouri</u> | | b. COUNTY <u>Stoddard</u> | | c. CITY OR TOWN <u>Puxico</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>102^o</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>Thomas</u> | b. (Middle) <u>Edward</u> | c. (Last) <u>McLane</u> | Month <u>2</u> | Day <u>4</u> | Year <u>58</u> | M <u>M</u> | W <u>W</u> |
| 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>7 - 12 - 1881</u> | | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book keeping</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or foreign Country) <u>Leora Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Robert S. McLane</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Jane Neeley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Susan McLane</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>494-07-9687</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Susan McLane Puxico Mo</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>Senility</u> | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (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>2-26, 1954</u> , to <u>2-4, 1958</u> , that I last saw the deceased alive on <u>10-3, 1957</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. H. Shinnick D.O.</u> | | | | 23b. ADDRESS <u>Puxico Mo</u> | | 23c. DATE SIGNED <u>2-7-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-7-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u> | | 24d. LOCATION (City, town, or county) (State) <u>Puxico Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2/22/58</u> | | REGISTRAR'S SIGNATURE <u>Earl Reed</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons Funeral Home</u> | | | |
| | | | | ADDRESS | | | |

(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 *Marsh Wathers*.....

Licensed Embalmer No. *4777*

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