

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013489  
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 53 Primary Registration District No. 211 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> <u>1000</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bertrand</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Length of stay in 1b <u>6 Months</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>EARL</u> Last <u>MCANALLY</u>				4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 25, 1941</u>		9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>3</u> Days <u>10</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY - - - - -			11. BIRTHPLACE (City and state or country) <u>Paris, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>J. B. McAnally</u>				14. MOTHER'S MAIDEN NAME <u>Ethel McKenson</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> <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Cleon McAnally Bertrand, Mo. R R 1</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Osteogenic</u> <u>Sarcoma of bones.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Primary Osteogenic sarcoma.</u> DUE TO (c) <u>Left numerous.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>17 MONTHS</u> <u>NOV 1956</u> <u>1964</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>April 5/58</u> to <u>April 5/58</u> and last saw her alive on <u>April 5/58</u> . Death occurred at <u>April 5 1:45p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Thomas E. Otto M.D.</u> (Degree or title)				22b. ADDRESS <u>1962 Broadway</u>				22c. DATE SIGNED <u>4.7.58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-7-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Armour Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Bertrand, Missouri</u>		
24. FUNERAL DIRECTOR <u>Nunnelee Funeral Chapel Sikeston</u>				25. DATE RECD. BY LOCAL REG. <u>April 12, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Homer C. Cooper</u>			

Mo. (Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
3000 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use army standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Philip J. Cassidy*.....

Licensed Embalmer No. *46*

P. O. Address *Sikeston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.