THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004343
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN: Kirksville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Kirksville Osteop. Hosp. — Length of stay in 1b: 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Schuyler
c. CITY OR TOWN: Downing — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Richard Middle: Virgil Last: McCloskey
4. DATE OF DEATH: Month: February Day: 23 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11.20.'79
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 3 Days 3 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Schuyler Co., Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Paul McCloskey
14. MOTHER'S MAIDEN NAME: Elizabeth Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alta McCloskey Address: Downing, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 433.1H
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Metastatic adenocarcinoma of Sigmoid Colon
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2.
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
ITEM 25 CORRECTED BY AFFIDAVIT OF Registrar 3-11-59 DEL
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-17-1959 to 2-23-1959 and last saw him alive on 2-23-1959
Death occurred at 8:28 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Addison Thomas (Degree or title) DO
22b. ADDRESS: Kirksville Mo
22c. DATE SIGNED: 2-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Downing Cemetery
23d. LOCATION (City, town, or county) (State): Downing, Mo.
24. FUNERAL DIRECTOR ADDRESS: Moore Funeral Home, Downing, Mo.
25. DATE RECD. BY LOCAL REG.: 2-26-~~1958~~ 1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

ADDISON THOMAS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne.....

Licensed Embalmer No. 26

P. O. Address Memph

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.