

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012397  
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 451

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Brown</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Everest</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>	Length of stay in 1b <b>10 days</b>	d. STREET ADDRESS <b>Rural</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALEX</b> Middle Last <b>MC CUNE</b>			4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1959</b>		
---	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 24, 1878</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Huron Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
--	---	---	--

13a. FATHER'S NAME <b>Martin McCune</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Coates</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>509-09-7614</b>	17. INFORMANT <b>Miss Elizabeth McCune, Horton, Kansas</b>	Address
--	---	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease &amp; constrictive pericarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>generalized Arteriosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <b>Prostatic hyperplasia, benign - severe Phlebotomy H260</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Month, Day, Year a.m. p.m.	

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 **20 April 59** to **30 April** and last saw <sup>him</sup> alive on **29 April 59**  
Death occurred at **7:45 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Martin MD</b>	(Degree or title)	22b. ADDRESS <b>706 Francis St. Joseph Mo</b>	22c. DATE SIGNED <b>2 May 59</b>
------------------------------------	-------------------	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>April, 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Denton Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Denton, Kansas</b>
---	-------------------------------------	--	--

24. FUNERAL DIRECTOR <b>Stamer Funeral Home</b>	ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 6, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Clark Woodall</b>
--	-----------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
Dr. J. N. Martin

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 *Charles E. Bennett* .....

Licensed Embalmer No. *4677* .....

P. O. Address *St. Joseph 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.