RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959

59-031012
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2203

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1341 McCutcheon — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Florida b. COUNTY:
c. CITY OR TOWN: Bradenton, Florida — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2108 Manatee — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: WARREN Middle: TODD Last: MC CANE

4. DATE OF DEATH: Month: August Day: 13, Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Sep. 19, 1912
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months 10 Days 24
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Pres.
10b. KIND OF BUSINESS OR INDUSTRY: Potter Elec. Signal Co.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lynn W. McCane
13b. MOTHER'S MAIDEN NAME: Hazel Kirk Southworth
14. NAME OF HUSBAND OR WIFE: None

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.: 497-10-9767
17. INFORMANT: Mrs. Lynn W. McCane, 1324 McCutcheon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Removal of [illegible]
DUE TO (c):
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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
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 June 26, to Aug. 13, 1959 and last saw ~~xx~~ him alive on Aug. 13, 1959
Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 1825 Ashby
22c. DATE SIGNED: 8/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY: Buffalo Creek Cemetery
23d. LOCATION (City, town, or county) (State): Louisiana, Missouri

24. FUNERAL DIRECTOR: Ambruster Mortuary, 6633 Clayton Rd.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-17-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4788

P. O. Address St Louis

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