

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960 *46*

-60-000504  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. *4065* Registrar's No. *4*

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Caldwell</i>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Polo Grant.</i>		Length of stay in 1b		c. CITY OR TOWN <i>Polo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>L</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Lewis</i> Middle <i>Aubrey M</i> Last <i>McCan</i>				4. DATE OF DEATH <i>Jan. 13, wed. 1960</i> Month Day Year			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Wh</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9-7-1883</i>	9. AGE (at birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>6</i>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		11. BIRTHPLACE (City and state or country) <i>Ray Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Lewis M'Can</i>			13b. MOTHER'S MAREN NAME <i>Mildred Baller</i>		14. NAME OF HUSBAND OR WIFE <i>Lulu M'Can</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>L</i>		16. SOCIAL SECURITY NO. <i>494-40-6036</i>		17. INFORMANT Address <i>Mrs Lulu M'Can Polo Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<i>Coronary Thrombosis</i>				<i>few weeks</i>	
DUE TO (b)		<i>Coronary Arteriosclerosis</i>				<i>many years</i>	
DUE TO (c)		<i>Generalized arteriosclerosis</i>				<i>many years</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 <i>Aug. 1957</i> to <i>Jan. 13, 1960</i> and last saw <sup>her</sup> him alive on <i>Jan. 6, 1960</i> Death occurred at <i>715 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>D. E. Goldberg M. D.</i>				22b. ADDRESS <i>Braymer, Mo.</i>		22c. DATE SIGNED <i>1/15/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-15-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cowgill</i>		23d. LOCATION (City, town, or county) (State) <i>Cowgill Caldwell Mo</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Alexander + Cowley Polo Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 18-60</i>		26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Erwin L. Rowels

Licensed Embalmer No. 4924  
P. O. Address Polo, 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.