

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-025689

FILED VS. AUG 11 1960 **4**

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **206**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Atchison		a. STATE Missouri	b. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax	Length of stay in 1b 8 days	c. CITY OR TOWN Oregon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital	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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last Thomas Finley McCluey	Month Day Year July 30 1960

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/15/1888	9. AGE (last birthday) 72 years	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months Days		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) Lockwood, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Robert McCluey	13b. MOTHER'S MAIDEN NAME Sarah Harwell	14. NAME OF HUSBAND OR WIFE Carrie Elsie McCluey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. I. F. Sweaney Oregon, Missouri
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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) PULMONARY EDEMA	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) COX PULMONALE	1 week
DUE TO (c) CONGESTIVE HEART FAILURE	years
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"/> N. <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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from **June 8, 1960** to **July 30, 1960** and last saw him alive on **July 30, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Humphrey M.D.	22b. ADDRESS Howard City, Mo.	22c. DATE SIGNED Aug 2, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 8/1/1960	23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery	23d. LOCATION (City, town, or county) (State) Oregon Missouri
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24. FUNERAL DIRECTOR ADDRESS James H. Pettyjohn Oregon mo.	25. DATE RECD. BY LOCAL REG. Aug 3, 1960	26. REGISTRAR'S SIGNATURE Thermin H. Scholes
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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

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 7

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.