MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=000157
STATE FILE NUMBER

FILED VS JAN 23 1961

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 4

AMENDED

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warsaw Fristoe Twp. — Length of stay in 1b: 3 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): White Branch Resort — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Benton
c. CITY OR TOWN: Warsaw — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): White Branch Resort — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ferrett Middle: B. Last: McCann
4. DATE OF DEATH: Month: Jan. Day: 20 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/1/1889
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months: 11 Days: 19 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cost Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel
11. BIRTHPLACE (City and state or country): Cass Co Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Robert McCann
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Florence McCann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Florence McCann Address: Warsaw, 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): Dissecting aneurysm, aortic — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — —
DUE TO (c):
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 Jan 19, 1961, to JAN 20, 1961 and last saw ~~her~~ him alive on JAN 19, 1961
Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Erl Rhodes, M.D.
22b. ADDRESS: Warsaw, Missouri
22c. DATE SIGNED: 1-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 23, 1961
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Jackson Co. Mo
24. FUNERAL DIRECTOR: John F Reser ADDRESS: Warsaw, Mo
25. DATE RECD. BY LOCAL REG.: Jan. 21-1961
26. REGISTRAR'S SIGNATURE: Jas. A. Logan.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 28 1961

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.