

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000342

FILED VS FEB 14 1961

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148

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

DATE AMENDED: 7/2/61
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
ITEM NO. SHOULD READ INSTEAD OF:
BY AFFIDAVIT OF: F.C. Benson, M.D.

1. PLACE OF DEATH: a. COUNTY Buchanan; b. CITY St. Joseph; c. FULL NAME OF HOSPITAL OR INSTITUTION 415 Alabama St.
2. USUAL RESIDENCE: a. STATE Missouri; b. COUNTY Buchanan; c. CITY OR TOWN St. Joseph; d. STREET ADDRESS 415 Alabama St.

3. NAME OF DECEASED: WILLIAM MCCAHON; 4. DATE OF DEATH: February 7, 1961; 5. SEX: Male; 6. COLOR OR RACE: White; 7. Married: Never Married; 8. DATE OF BIRTH: 6-10-88; 9. AGE: 72

10a. USUAL OCCUPATION: Retired Photographer; 10b. KIND OF BUSINESS OR INDUSTRY: Own Shop; 11. BIRTHPLACE: Wyandotte Co., Kans U.S.A.; 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles McCahon; 13b. MOTHER'S MAIDEN NAME: Clara Etta Curtis; 14. NAME OF HUSBAND OR WIFE: Jeannette McCahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?: No; 16. SOCIAL SECURITY NO.; 17. INFORMANT: Jeannette McCahon, 415 Alabama St.

18. CAUSE OF DEATH: PART I. IMMEDIATE CAUSE (a) Pneumonia with Acute heart failure; (b) DUE TO (b); (c) DUE TO (c); PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: Hypertension on 2 Genital; PART III. If deceased was female was there a pregnancy in last 90 days: No

19. WAS AUTOPSY PERFORMED?: NO; 20a. ACCIDENT SUICIDE HOMICIDE: ACCIDENT; 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: 1951 to 2/7/61 and last saw him alive on 2/1/61; Death occurred at: 4:30A.M. on the date, stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F.C. Benson, M.D.; (Degree or title); 22b. ADDRESS: 324 N. 60; 22c. DATE SIGNED: 2/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial; 23b. DATE: 2/10/61; 23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery; 23d. LOCATION (City, town, or county): St. Joseph, Mo

24. FUNERAL DIRECTOR: St. Joseph, Mo.; 25. DATE RECD. BY LOCAL REG.: Feb. 9, 1961; 26. REGISTRAR'S SIGNATURE: Mrs. Clark Standell

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 _____

Licensed Embalmer No. 3986

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.