SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013380
STATE FILE NUMBER

AMENDED

FILED MAY 1 1961

Registration District No. 128 Primary Registration District No. 2200 Registrar's No. 403

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 32 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Protestant Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 405 E. Loren — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JADAH Middle MARIE Last McCANN
4. DATE OF DEATH: Month April Day 23 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: January 3, 1908
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months 3 Days 20
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (City and state or country): Perry, Oklahoma
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Trowbridge
13b. MOTHER'S MAIDEN NAME: Maybelle Harrington
14. NAME OF HUSBAND OR WIFE: Charles Albert McCann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles Albert McCann Address: Springfield, 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): Acute subdural hematoma — INTERVAL BETWEEN ONSET AND DEATH: 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down steps in home
20c. TIME OF INJURY Hour 6:30 a.m. Month, Day, Year Apr 7, 61
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
20f. CITY, TOWN, OR LOCATION: Springfield COUNTY: Greene STATE: Missouri
21. I attended the deceased from 4/7/61, to 4/23/61 and last saw her/him alive on 4/23/61
Death occurred at 1:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): S. C. Wittmer M.D.
22b. ADDRESS: 600 S Glenstone Springfield Mo
22c. DATE SIGNED: 4/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 25, 1961
23c. NAME OF CEMETERY OR CREMATORY: White Chapel
23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 4-26-61
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 5 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L Doolin Gorman

Signature of Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield M

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