

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035723

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 289

FILED OCT 16 1961

AMENDED

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> | | Length of stay in 1b <u>3 weeks</u> | c. CITY OR TOWN <u>Kirksville</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1418 E. Highland</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Arvel</u> Middle <u>Lorin</u> Last <u>McCune</u> | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>7</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-1-1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Toe Lasting Dept.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u> | 9. AGE (last birthday) <u>61</u> |
| 13a. FATHER'S NAME <u>John Irwin McCune</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nevada Johnson</u> | 11. BIRTHPLACE (City and state or country) <u>Graysville . Missouri</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Williams McCune</u> | |
| 17. INFORMANT <u>Margaret McCune, 1418 E. Highland Kirkville</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Advanced Cachexia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate with metastases</u> | | | <u>UNKNOWN</u> |
| 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. <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.) | |
| 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 <u>September 14, 1961</u> to <u>October 7, 1961</u> and last saw <u>him</u> live on <u>October 7, 1961</u> Death occurred at <u>6:20</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edward M. Green, M.D.</u> | | 22b. ADDRESS <u>Kirksville, Mo.</u> | 22c. DATE SIGNED <u>10-7-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-9-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>W. R. Jackson, Pres.</u> | | ADDRESS <u>415 N. Franklin</u> | 25. DATE RECD. BY LOCAL REG. <u>Oct 10, 1961</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>David W. Rathoff</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1961

EDWARD M. GRIM, M.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, 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.