

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4507**  
 Registrar's No. **8**

FILED FEB 1 1953

REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499**

1030  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>	
c. LENGTH OF STAY (in this place) <b>26 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Edward</b> c. (Last) <b>McCaskey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 25 53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 15 1875</b>
9. AGE (In years last birthday) <b>77</b>		10. MONTHS <b>7</b>	11. DAYS <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (State or foreign country) <b>Clinton County Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William A McCaskey</b>	
13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Cecil McCaskey</b>		ADDRESS <b>Shelbina Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the lungs</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>163X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>April 150</b> , <b>1950</b> , to <b>Jan. 25</b> , <b>1953</b> , that I last saw the deceased alive on <b>Jan. 25</b> , <b>1953</b> , and that death occurred at <b>5:30P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard A. Mikalovich</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Shelbina, Missouri</b>	
23c. DATE SIGNED <b>1-26-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Winston Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Winston Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley &amp; Hawkins</b> ADDRESS <b>Shelbina Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-26-53</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b> <b>419</b>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Henry A. Barklee*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3825

P. O. Address Shelburne - 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 this body is not embalmed, fact should be so stated above.