No. 300
10.48

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

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34508

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 78

0 560 1

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTOWN
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXXXXXXXXXXXXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN: LEWISTOWN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): XXXXXXXXXXXXXXXXXX

0 560 0

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): BELLE
c. (Last): McCABE

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 10, 1954

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 10/16/76
9. AGE (In years last birthday): 77 | If under 1 year: Months: 11 Days: 24 | If under 24 hrs.: 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: XXXXXXXX
11. BIRTHPLACE (City and State or Foreign Country): KNOX COUNTY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES FREEMYER
13b. MOTHER'S MAIDEN NAME: ELIZABETH STRANGE
14. NAME OF HUSBAND OR WIFE: JOSEPH McCABE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XXXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: BILL McCABE
ADDRESS: LEWISTOWN, MISSOURI

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro - Vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac - weakness. (Auricular Fibrillation). — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES [ ] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* 10 oct, 1954, *that I last saw the deceased alive on* 10 oct, 1954, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W Wills (Degree or title) D.O.
23b. ADDRESS: Lewistown. MO.
23c. DATE SIGNED: 11 oct 54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/12/54
24c. NAME OF CEMETERY OR CREMATORY: COLONY
24d. LOCATION (City, town, or county) (State): COLONY, MISSOURI

DATE REC'D BY LOCAL REG.: 10-12-54
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. (Id - 0)
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Arnold
ADDRESS: Lewistown, Mo.

E. L.

(Certified Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles L. Arnold, o

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M

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