FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7757

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 16 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: St.Clair
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 5 mi NE of St.Clair

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): L
c. (Last): McCance

4. DATE OF DEATH (Month) (Day) (Year): March 24 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Marri~~ Widowed 2
8. DATE OF BIRTH: Sept.30,1880
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maint.Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Centralia,Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John McCance
13b. MOTHER'S MAIDEN NAME: Maggie Haley
14. NAME OF HUSBAND OR WIFE: Anna McCance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 702-07-8450
17. INFORMANT'S SIGNATURE OR NAME: Edith Olson — ADDRESS: St.Clair,Mo.

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): apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334 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* 3-23, 1955, *to* 3-24, 1955, *that I last saw the deceased alive on* 3-23, 1954, *and that death occurred at* 11:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Pearl, MD. O
23b. ADDRESS: St Clair Mo
23c. DATE SIGNED: 3-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar.26,1955
24c. NAME OF CEMETERY OR CREMATORY: Cove Cemetery
24d. LOCATION (City, town, or county) (State): Moselle,Mo.

DATE REC'D BY LOCAL REG.: 3/26/55
REGISTRAR'S SIGNATURE: F.L. Heidmann G.F.L. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE: Casey & Lenox — ADDRESS: St. Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 8 1955

MAR 31 19

JUN 7 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed K. M. Lenot

Licensed Embalmer No. 360

P. O. Address St. Clair

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