

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4462**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY LYON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY OR TOWN EMPORIA.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 808 Haliburton		e. STREET ADDRESS (If rural, give location) 706 Lakeview 815⁰ 8	

3. NAME OF DECEASED (Type or Print) a. (First) ALMA b. (Middle) JUANITA c. (Last) McCutcheon			4. DATE OF DEATH (Month) (Day) (Year) MARCH 7, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 26 1873		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker.		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Stirling, Neb.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME James Perkins	13b. MOTHER'S MAIDEN NAME Mary Ellen Haley	14. NAME OF HUSBAND OR WIFE Thomas F. McCutcheon (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Martha Mackey ADDRESS Emporia, Kan.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	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 Fracture R Hip		May 5-56

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Emporia Lyon Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 5-1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in home

22. I hereby certify that I attended the deceased from **June 5, 1953**, to **March 7, 1956**, that I last saw the deceased alive on **March 6, 1956** and that death occurred at **12:45** m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED May 7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE unknown	24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Emporia, Kansas.
DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE Irene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Horton Blackmar	ADDRESS Trenton, Mo.

Dr. E. A. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gordon Blackmore

Licensed Embalmer No. 160

P. O. Address Trenton, N.J.

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.