

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012031

STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 38-1

Primary Registration District No. 6151

Registrar's No. 22

-1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Penn Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Green Castle		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 1 mi N. Green		Length of stay in lb 8 hrs.	d. STREET ADDRESS (If outside, give location) 1 mi. N. Green Castle		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. NAME OF DECEASED (Type or print) First Homer Middle Nichols Last McCabe			4. DATE OF DEATH Month Feb. Day 26, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-25-1959		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours 8 Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Green Castle, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dean McCabe		13b. MOTHER'S MAIDEN NAME Darlene Clay		14. NAME OF HUSBAND OR WIFE -----	
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. None		17. INFORMANT Address Lee Clay, Green Castle, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Patent Foramen Ovale					INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7543					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. _____					
20d. INJURY OCCURRED WHILE AT <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>February 25, 1959</u> and last saw him alive on <u>February 25, 1959</u> Death occurred at <u>27</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.D. Smith D.O.			22b. ADDRESS Green City, Mo.		22c. DATE SIGNED Feb 27, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-1959	23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		23d. LOCATION (City, town, or county) (State) Green Castle, Mo.
24. FUNERAL DIRECTOR Allen E. Kent & Son, Green City, Mo.			25. DATE RECD. BY LOCAL REG. 3-11-59		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Karl P. Feut*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.