

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-000132

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 4

FILED FEB 4 1963

VS 300 Rev. 4/59

6050
20050

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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) Cassville Length of stay in 1b 58 Months
c. FULL NAME OF (if NOT in hospital, give location) Sunset Valley Rest Home Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Wheaton Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Wheaton Reside on Farm Yes No

3. NAME OF DECEASED First John Middle U. Last McCaugh 4. DATE OF DEATH Month January Day 28 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH March 13-83 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Arkansas 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John W. McCaugh 13b. MOTHER'S MAIDEN NAME Don't Know 14. NAME OF HUSBAND OR WIFE Lynn McCaugh, Wheaton, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 71 17. INFORMANT Address Lynn McCaugh, Wheaton, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant Hypertension
DUE TO (c) Pulmonary Edema - Pneumonia
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) terminal PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11-8-62 Month, Day, Year 11-8-62 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wheaton, Mo. 20f. CITY, TOWN, OR LOCATION Wheaton COUNTY Barry STATE Missouri

21: I attended the deceased from 11-8-62 to 11-27-62 and last saw her/him alive on 1-27-63. Death occurred at Wheaton, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. J. McQueen M.D. 22b. ADDRESS Wheaton, Mo. 22c. DATE SIGNED 1-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JAN. 31-1963 23c. NAME OF CEMETERY OR CREMATORY Muncey Chappel 23d. LOCATION (City, town, or county) (State) Barry County Missouri

24. FUNERAL DIRECTOR McQueen Funeral Home, Wheaton, Mo. ADDRESS Wheaton, Mo. 25. DATE RECD. BY LOCAL REG. 1-29-63 26. REGISTRAR'S SIGNATURE Deane Williams

USE BLACK INK OR TYPEWRITER RIBBON

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 Paul D. Neubert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.

Permit permit obtained June 29-63
S.W.