

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville <u>4</u>		c. LENGTH OF STAY (In this place) 24 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millard <u>8</u>		d. STREET ADDRESS (If rural, give location) None
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Nursing Home #2					
3. NAME OF DECEASED (Type or Print) a. (First) HUBERT b. (Middle) None c. (Last) McCLANAHAN			4. DATE OF DEATH (Month) (Day) (Year) January 10, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1872	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Millard, Missouri <u>1</u>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel McClanahan		13b. MOTHER'S MAIDEN NAME Martha Seabring		14. NAME OF HUSBAND OR WIFE Maggie McClanahan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maggie McClanahan, Millard, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation & Malnutrition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile psychosis DUE TO (c) generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 weeks months years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H50.D				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from Oct 30, 1948 , to Jan 10, 1949 , that I last saw the deceased alive on Jan 10, 1949 , and that death occurred at 6:30 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. T. Hutenshew D.O.			23b. ADDRESS Kirksville Mo.		23c. DATE SIGNED 1-12-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-49	24c. NAME OF CEMETERY OR CREMATORY Stukey Cemetery	24d. LOCATION (City, town, or county) (State) Millard, Missouri		
DATE REC'D BY LOCAL REG. 1-17-49	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home, Kirksville, Mo.			

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

1333

RECEIVED

District Health Officer No. 10

District File Number 149-148

Date Filed JAN 25 1949

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, _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence M. Bills

Signed _____
Student Embalmer

Licensed Embalmer No. 9375

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.