

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12936

State File No. ....

No. 300  
10-48  
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BIRTH NO. .... REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. 2 Warrensburg Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. #2 Warrensburg Rural</u>	
c. LENGTH OF STAY (in this place) <u>Rural Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2 Warrensburg, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R.R. 2 Warrensburg, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>D</u> c. (Last) <u>McClellan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1875</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Albert Drummond</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Day</u>		14. NAME OF HUSBAND OR WIFE <u>Dead Erskin Robinson McClellan</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert E. McClellan Warrensburg, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon (Right Side)</u>						
		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.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 3-15, 1948, to 4-29, 1949, that I last saw the deceased alive on 4-28, 1949, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>4-29-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Sara Ann ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Warrensburg, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1949

OCT 19 1950

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 .....  
Student Embalmer

Signed *V. P. Branninger*

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, 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.