

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22209

FILED JUL 1 1949

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 21 05

1. PLACE OF DEATH a. COUNTY <u>STE GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>NEAR FARMINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (First) MAHALA (Middle) ANGELICA (Last) MELANATHAN (Month) JUNE (Day) 21 (Year) 1949
(Type of Print) MAHALA ANGELICA MELANATHAN DEATH

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>MAR. 25 1864</u>	9. AGE (In years) (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Farmer's wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Doniphan Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DUDLEY</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN A. McCLANATHAN</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HENRY McCLANATHAN</u> ADDRESS <u>FARMINGTON</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo.</u> <u>15 years</u> <u>4 1/2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u>		
	DUE TO (c) <u>Chronic arthritis</u>		
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 type="checkbox"/> NO <input checked="" 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)	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 June 19, 1949 to June 21, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. W. Stamford</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>6/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAWSON</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON Mo</u>
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DATE RECD BY LOCAL REG. <u>June 24 1949</u>	REGISTRAR'S SIGNATURE <u>L. D. Karl for Geneva M. Karl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. McCozian</u> ADDRESS <u>Farmington</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 6-27-49

District Health Officer No. 4

District File Number 649-833

Date Filed

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

C. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, N.C.

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.