

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23869

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 North Oak			d. STREET ADDRESS (If rural, give location) 720 North Oak		
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Raymond c. (Last) McClellan			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1911	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Salem Ind.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elmer McClellan		13b. MOTHER'S MAIDEN NAME Fannie Moore	14. NAME OF HUSBAND OR WIFE Mrs. Gussie McClellan		
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. 444-01-5290	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gussie McClellan, Webb City, 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) Toxic Myocardiosis INTERVAL BETWEEN ONSET AND DEATH 3 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Subsidiary Tuberculosis II. OTHER SIGNIFICANT CONDITIONS - Had had a massive infarction of myocardium Conditions contributing to the death but not related to the disease or condition causing death. Myocardium infarction when 16 yrs of age. 3 yrs?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1949 to July 28, 1949 , that I last saw the deceased alive on July 28, 1949 , and that death occurred at 10:20 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or Heir) H. B. Derr, D.O.			23b. ADDRESS 530 1/2 Main St. Webb City, Mo.		23c. DATE SIGNED 7-30-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. AUG. 2, 1949	REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.		

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

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-607

Date Filed 8013-49

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, only

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

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