

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25842

25842

107

8

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Burdine Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Burdine Twp	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Callie	
		c. (Last) McClellan	
4. DATE OF DEATH (Month) (Day) (Year) June 27 1949			
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 7 1872
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer	11. BIRTHPLACE (State or foreign country) Yorktown Penn
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Joseph McClellan		13b. MOTHER'S MAIDEN NAME Barbara Bender	14. NAME OF HUSBAND OR WIFE Nancy 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. 497-30-1752	17. INFORMANT'S SIGNATURE OR NAME Nancy McClellan ADDRESS Cabool 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease 6 yrs. 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. Chronic Nephritis	
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) m.		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 _____, 1946, to April, 1949, that I last saw the deceased alive on April, 1949, and that death occurred at 12:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) _____		23b. ADDRESS Cabool Mo.	
23c. DATE SIGNED June 28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28 49	
24c. NAME OF CEMETERY OR CREMATORY Cabool		24d. LOCATION (City, town, or county) (State) Cabool Mo.	
DATE REC'D BY LOCAL REG. June 30		REGISTRAR'S SIGNATURE 325 Daynell Cunningham	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 11. Elliott Cabool Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7-9-49

District Health Officer No. 5

District File Number 749489

Date Filed 7-14-49

Received

7-5-49

9:00

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

Fayland V. Elliott

Licensed Embalmer No.

22572

P. O. Address

Calool

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.