

No. 300
10. 48

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25974

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 242

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (In this place) 4		d. STREET ADDRESS (If rural, give location) Anna R. Still M.C. Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anna R. Still M.C. Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LENA	b. (Middle) McCLANAHAN	c. (Last) NORRIS	August 7, 1949		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 20, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home making	11. BIRTHPLACE (State or foreign country) Adair Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John D. McClanahan	13b. MOTHER'S MAIDEN NAME Janette Wayland	14. NAME OF HUSBAND OR WIFE Frank L. Norris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Bauer Stambel	ADDRESS Adair Co., Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH 442 X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia		
	DUE TO (c) Cardiovascular disease		
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) m.	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 14, 1947, to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Gardner	(Degree or title) W. D. 2 K. C. O. S. Kirksville, Mo.	23b. ADDRESS	23c. DATE SIGNED 8/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-49	24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.	24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
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DATE REC'D BY LOCAL REG. 8-13-49	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE John Funeral Home, Kirksville, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 22 1949

District Health Officer

District File Number 8-42-

Date Filed AUG 22 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. Billo

Signed _____

Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, MD

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.