

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34767**
Registrar's No. **39**

FILED OCT 20 1949

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6015		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salt Spring rural		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		88			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home 4				d. STREET ADDRESS (If rural, give location) Pleasant View Home					
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Bell		c. (Last) McCleain		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1949			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-1-1873			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (State or foreign country) Howard County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Ellen McGruder		14. NAME OF HUSBAND OR WIFE Frank McCleain		
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 ADDRESS Mrs. Corinne Cooper; Fayette, 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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration</p> <p>* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) Senility</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH ??	
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 on October 9, 1949 , that I last saw the deceased alive on Oct. 9, 1949 , and that death occurred at 8:30 am. , from the causes and on the date stated above.									
23a. SIGNATURE Geo. M. Eichelman D.O.				23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 10/13/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-11-1949		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri			
DATE REC'D BY LOCAL REG. 10-15-49		REGISTRAR'S SIGNATURE Mrs. H.A. Barnhart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.B. Batts & Sons Huntsville, Mo					

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

RECEIVED

OCT 17 1949

District Health Officer No.

District File Number 10-49-18

Date Filed OCT 17 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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Hintsville, 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.