

FILED DEC 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. 36753

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 116

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| 1. PLACE OF DEATH a. COUNTY Daviness | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Daviness | |
| b. CITY (If outside corporate limits, write RURAL and give town or TOWN Marion Twp Rural) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion Twp Rural | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 4 Miles S.W. of Pattonsburg | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION X | | | |

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|-------------------------------------|-------------------------|------------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) Alexander | c. (Last) McClung | 4. DATE OF DEATH (Month) (Day) (Year) Nov 18/49 |
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|-----------------|---------------------------|---|---------------------------------------|---|---|---|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 30, 1863 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|-----------------|---------------------------|---|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Daviness Co, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Jarrett McClung | 13b. MOTHER'S MAIDEN NAME Mary Graham | 14. NAME OF HUSBAND OR WIFE Sallie McClung |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME John McClung | ADDRESS Pattonsburg 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 mo |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Affections of Heart Valves & Endocardium | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia Disease of the Mitral Valve DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4 mo | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 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 **July 27th, 1949**, to **November 18, 1949**, that I last saw the deceased alive on **Nov 14, 1949**, and that death occurred at **7 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE B.L. Shellhorst M.D. D.O. | 23b. ADDRESS Pattonsburg, Mo. | 23c. DATE SIGNED 11-19-49 |
|---|--------------------------------------|----------------------------------|

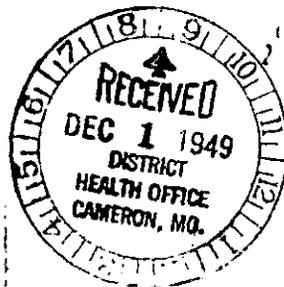
| | | | |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov 20, 49 | 24c. NAME OF CEMETERY OR CREMATORY Bethel | 24d. LOCATION (City, town, or county) (State) 3 Mi N&E of Pattonsburg, Mo |
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| DATE REC'D BY LOCAL REG. 22 Nov, 1949 | REGISTRAR'S SIGNATURE Tirginia M. Engelhart | 25. FUNERAL DIRECTOR'S SIGNATURE Gromer | ADDRESS Funeral Home Pattonsburg, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1955



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 Robert V. Dunham

Licensed Embalmer No. 4582

P. O. Address Pattersonburg

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.