

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40890**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **166**

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

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1. PLACE OF DEATH a. COUNTY <b>Grundy</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton</b>		c. LENGTH OF STAY (in this place) <b>5 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Laredo</b>		d. STREET ADDRESS (If rural, give location) <b>1317 Tinsman</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>M.</b> c. (Last) <b>McLallen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 27 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 4 1888</b>	9. AGE (In years last birthday) <b>61</b>	10. IF UNDER 1 YEAR Days <b>5</b> Hours <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed Retiroder</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Chillicothe Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Green Berry McLallen</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Vanderpool</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F.E. McLallen</b>		ADDRESS <b>Laredo MO</b>	
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) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic Gangrene</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arterio Sclerosis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Aug</b> , 1948, to <b>27 Nov.</b> , 1949, that I last saw the deceased alive on <b>27 Nov.</b> , 1949, and that death occurred at <b>4:50 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Joseph M. Quinits M.D.</b>			23b. ADDRESS <b>Trenton, Mo</b>		23c. DATE SIGNED <b>28 Nov. 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/29/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laredo</b>	24d. LOCATION (City, town, or county) (State) <b>Laredo MO</b>		
DATE REC'D BY LOCAL REG. <b>11-29-49</b>	REGISTRAR'S SIGNATURE <b>Drene Jaw</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F.J. Robertson</b>		ADDRESS <b>Funeral Home Laredo MO</b>



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**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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.