

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9764**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5886 Registrar's No. 22

0730

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>  |  |
| c. LENGTH OF STAY (in this place) <u>74 years</u>                             |  | d. STREET ADDRESS (If rural, give location) <u>RR #5 - Neosho</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Neosho - RR # 5</u>       |  |  |  |

|   |  |  |   |
|---|--|--|---|
| 3. NAME OF DECEASED<br>a. (First) <u>Mamie</u> b. (Middle) <u>Amelia</u> c. (Last) <u>McClendon</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>March 3 1950</u> |
|---|--|--|---|

|  |                               |   |  |   |   |  |
|--|-------------------------------|---|--|---|---|--|
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Sept. 9 - 1875</u> | 9. AGE (In years last birthday) <u>74</u>                 | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>24</u> | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>                     |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>       |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Landon Sanders</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Abraham Lincoln McClendon</u> |
|--|--|--|

|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Loren McClendon</u> ADDRESS <u>Neosho Mo. Rt #5</u> |
|--|-------------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>about 3 weeks APP</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver and Biliary Passages</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Biliary Passages</u> |  |  |
|   | DUE TO (c) _____  |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                             |  | <u>155X</u>  |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 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) | 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 Feb 27, 1950, to March 3, 1950, that I last saw the deceased alive on MARCH 3, 1950, and that death occurred at 10:40 P.m., from the causes and on the date stated above.

|  |  |                                |
|--|--|--------------------------------|
| 23a. SIGNATURE <u>Melvin M. Bellough</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>San. Bldg. Neosho Mo</u> | 23c. DATE SIGNED <u>3/4/50</u> |
|--|--|--------------------------------|

|   |                                 |   |   |
|---|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 5 - 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>KINNEY Cemetery (Near) Neosho</u> | 24d. LOCATION (City, town, or county) (State) <u>Missouri</u> |
|---|---------------------------------|---|---|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>March 8, 1950</u> | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clare Bigham</u> ADDRESS <u>Neosho, Mo</u> |
|---|---|--|

RECEIVED

District Health Officer To. Newton Co. Health Dept.

District File Number 250-63

Date Filed MAR 17 1950

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 Jesse O. Sullivan  
Licensed-Embalmer No. 4646  
P. O. Address Newark, 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.