No. 300
10.48

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

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10049

State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 7

1930
0

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City Mo
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLETT Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City Mo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elijah
c. (Last): McClellan

4. DATE OF DEATH (Month) (Day) (Year): Mar 6 1950

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: mar 23-1885
9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR Months: 11 Days: 13 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): day labor
10b. KIND OF BUSINESS OR INDUSTRY: Feed mill
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Green W. McClellan
13b. MOTHER'S MAIDEN NAME: Nancy McClerdy
14. NAME OF HUSBAND OR WIFE: Vertia Belew
ADDRESS: appleton City Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-22-6109
17. INFORMANT'S SIGNATURE OR NAME: Vertia Belew McClellan
ADDRESS: appleton City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ulcer

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 Mar, 1950, *to* 8 Mar, 1950, *that I last saw the deceased alive on* 6 Mar, 1950, *and that death occurred at* 12 00 noon m., *from the causes and on the date stated above.*

23a. SIGNATURE: W A Ellett M.D. (Degree or title)
23b. ADDRESS: Appleton City Mo
23c. DATE SIGNED: 8 Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 8 1950
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cem
24d. LOCATION (City, town, or county) (State): Appleton City Mo

DATE REC'D BY LOCAL REG.: Mar. 9 1950
REGISTRAR'S SIGNATURE: Mrs. Oleo Abney
285
0
25. FUNERAL DIRECTOR'S SIGNATURE: Frank Lee
ADDRESS: appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1950

RECEIVED
District Health Officer No. 7
District File Number 2-50-218
Date Filed 3-15-50

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~~ _____ on the 6th day of Mar 1950, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City - 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.