

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11627

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>Shelby Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>70 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alvis</u>	b. (Middle) <u>McClenning</u>	c. (Last) <u>McClenning</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-10-1862</u>	9. AGE (In years last birthday) <u>87</u> if UNDER 1 YEAR Months <u>5</u> Days <u>16</u> if UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Milton, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nathaniel McClenning</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cyrene Riney, Oakwood, Mo.</u>	ADDRESS <u>Oakwood, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4/201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 Mar 1, 1950 to Mar 26, 1950, that I last saw the deceased alive on Mar 25, 1950, and that death occurred at 8:10 P.M. from the causes and on the date stated above.

22a. SIGNATURE <u>W. L. Simpson M.D.</u> (Degree or title)	22b. ADDRESS <u>Shelbina Mo.</u>	22c. DATE SIGNED <u>Mar 30, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 1-1950</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Million-Barkelaw</u> ADDRESS <u>Shelbina, Mo.</u>
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RECEIVED  
APR 3 1950  
District Health Officer No. 10  
District File Number APR 3 1950  
Date Filed 4-30-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *C. W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *Helena, Md.*

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.