

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

11804

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>7411 W.E. Kirksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Community Nursing Home #1</u>			

3. NAME OF DECEASED a. (First) <u>ELMER</u> (Type or Print)			b. (Middle) <u>Ellsworth</u>			c. (Last) <u>McCLANAHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 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>Divorced 3</u>		8. DATE OF BIRTH <u>March 14, 1980</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>1</u>		IF UNDER 100 HRS. Hours <u>9</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri, Adair Co.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Charles Mc Clanahan</u>			13b. MOTHER'S MAIDEN NAME <u>Woray Ellen Ayers</u>			14. NAME OF HUSBAND OR WIFE <u>Echyl Carpenter</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V Strangio, Kirksville, 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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>						<u>72 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>						<u>72 hrs</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>						<u>10 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy - urinary retention</u>							

19a. DATE OF OPERATION <u>April 23, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Coronary sclerosis, Prostatic hypertrophy, Aortic Atherosclerosis</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>4201</u>	
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 April 20, 1950, to April 23, 1950, that I last saw the deceased alive on April 22, 1950, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent J. Strangio 2 D.O.</u>		23b. ADDRESS <u>Kirksville Mo Community Nursing Home #1</u>		23c. DATE SIGNED <u>April 23 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST CENTER</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. OF KIRKSVILLE, MO. 7MI.</u>	
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DATE REC'D BY LOCAL REG. <u>4-29-50</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Randolph Davis, Kirksville, Mo.</u>	
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No. 300 10.48 0013 4 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 1 1950

District Health Officer No. 10

District File Number.....

Date Filed

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, ~~by~~.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Clarence M. Billo*

Signed.....
Student Embalmer

Licensed Embalmer No. *4375*

P. O. Address *Kribbsville, 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.