

Dr. McKnelly
FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12376
State File No. 106 105

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 106 105

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 521 East High Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Nannie	b. (Middle) Hill	c. (Last) McClung	4. DATE OF DEATH (Month) (Day) (Year)
				Apr 23 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow 2	8. DATE OF BIRTH Feb-6-1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Mt. Lookout, West Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William A. "Clung"	13b. MOTHER'S MAIDEN NAME Amanda McClung	14. NAME OF HUSBAND OR WIFE D.C. McClung
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME D.C. McClung, Madison, Wisconsin	ADDRESS
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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) <i>Cerebral vascular accident</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension Hypertension</i> DUE TO (c) <i>arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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) m.	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 3-30-47, 19, to 4-22-1950, that I last saw the deceased alive on 4-22, 1950, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. J. McHardy</i> (Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 4-25-50
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr-25-1950	24c. NAME OF CEMETERY OR CREMATORY River View Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
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DATE REC'D BY LOCAL REG. APR 28 1950	REGISTRAR'S SIGNATURE R.P.D. ...	FEDERAL DIRECTOR'S SIGNATURE ...	ADDRESS Jefferson City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0264
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District File Number
District Health Officer No. 5,
RECEIVED MAY 1 1950

AUG 7. 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ferd P. Dulle

Signed.....
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson 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.