

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19630

FILED JUN 21 1950

Registrar's No. 48

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5187		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY OR TOWN DUTCHTOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ORAN, MO.		100	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY #25				d. STREET ADDRESS (If rural, give location) ORAN, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) DEZILLA b. (Middle) BARBARA c. (Last) McCLELLAND			4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 12 1908		9. AGE (In years last birthday) 42	10. MONTHS 1	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAT FACTORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY MFG. MENS HATS		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FELIX BRUGERE		13b. MOTHER'S MAIDEN NAME FRANCES PIGG		14. NAME OF HUSBAND OR WIFE HOMER R. McCLELLAND			
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. 490-32-1987		17. INFORMANT'S SIGNATURE OR NAME HOMER R. McCLELLAND		ADDRESS ORAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) I Believe death was caused as result of blow on Right frontal Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION n/a				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dutch Town Hubbs Cape Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) May 30 50		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Headon Crash on H. Way 25 Truck 30ar			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50A.M., from the causes and on the date stated above.							
23a. SIGNATURE E. P. Driskill 3 Coroner				23b. ADDRESS 4 S. Pacific St Cape Girardeau		23c. DATE SIGNED May 30	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove		24b. DATE June 2 1950		24c. NAME OF CEMETERY OR CREMATORY Hopewell		24d. LOCATION (City, town, or county) (State) HOPEWELL MO.	
DATE REC'D BY LOCAL REG June 11 - 50		REGISTRAR'S SIGNATURE B. G. Fisher 43		25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith		ADDRESS ORAN, MO.	

650-811

JUN 21 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 Ed J. Parish

Licensed Embalmer No. 2676

P. O. Address Queen 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.