

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 11 1950 STANDARD CERTIFICATE OF DEATH

27277 6

State File No. \_\_\_\_\_  
Registrar's No. 388

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 2335 Utica	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2335 Utica			

3. NAME OF DECEASED a. (First) Addie b. (Middle) (none) c. (Last) McClung			4. DATE OF DEATH (Month) (Day) (Year) August 30, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 20, 1867			9. AGE (In years last birthday) 83		10. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Pennsylvania	

13a. FATHER'S NAME Kiaser (first unknown)		13b. MOTHER'S MAIDEN NAME (Unknown)		14. NAME OF HUSBAND OR WIFE Wallace McClung	
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. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Conway Monett, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 420 1
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
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

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)		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 June 28, 1950, to Aug-30, 1950, that I last saw the deceased alive on Aug-30, 1950, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. C. Coats M.D.		23b. ADDRESS Joplin Mo		23c. DATE SIGNED 9-1-50	
24a. BURIAL, CREMATION, REBURIAL (Specify) Burial		24b. DATE September 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Joplin, Missouri	

DATE REC'D BY LOCAL REG. 9-1-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495  
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RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-659

Date Filed 9-9-50

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

*Charles E. Frey*

Licensed Embalmer No. 47685

P. O. Address

*Joplin, 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.