

FILED SEP 8 1950

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27710

Registration District No. 257

Primary Registration District No. 4371

Registrar's No. 1610

1. PLACE OF DEATH:

- (a) County Madison
- (b) City or town Edmo
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Dr. Ford Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: three days
(In hospital or institution, write street number or location)
- In this community 55 years in Page Co. Iowa Specify whether
years, months or days

3. (a) PRINT FULL NAME CLARA A McMILLEN

3. (b) If veteran, name war: X
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry McMullen
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: June 18 1856
(Month) (Day) (Year)

8. AGE:
- | Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>94</u> | <u>1</u> | <u>3</u> | hr. _____ min. |

9. Birthplace Galesburg Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Jacob Fanevlin
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Clara Jane Warner
(City, town, or county) (State or foreign country)
15. Birthplace USA
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant W. J. McMullen
- (b) Address Blanchard Iowa
17. (a) Burial (b) Date thereof July 24 1950
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation College Springs Iowa
18. (a) Signature of funeral director E. M. Stevenson
- (b) Address College Springs Iowa
19. (a) 7-29-50 (b) Beas Bolt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Iowa (b) County Page
- (c) City or town Blanchard (Russell) 9140
(If outside city or town limits, write "RURAL") 8
- (d) Street No. _____ (If rural, give location)
- (e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1950 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from Sept 23 1949 to July 21 1950
that I last saw her alive on July 21 1950
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute myocardial failure
Shock of a fall and
severe myocardial degeneration

Due to _____

Due to _____

Duration

1 day
3 days
10 yrs.

Other conditions Arteriosclerotic
(Include pregnancy within 3 months of death)
bilateral nephrosis

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature Marvin Ford (M. D. or other) Dr.
Address Edmo - Ia Date July 21 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.....

L. M. Stevenson

....., Registered Apprentice No.

working under my personal supervision.

Signed *L. M. Stevenson*

Licensed Embalmer No. *1727*

P. O. Address.....

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.