

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32322

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6103 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGER</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) <u>EMILY</u> c. (Last) <u>McCLELLAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 50</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>6-4-1864</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 48 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LAPLATTE MO</u>
			12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>DAVID C ROLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY J WEBER</u>	
		14. NAME OF HUSBAND OR WIFE <u>SALM A McCLELLAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <u>Albert M. Jones</u> ADDRESS <u>GRANGER MO</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTÉCEDENT 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 <u>General Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>337 X</u>	
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) (Min.)		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 <u>1947</u> , <u>1948</u> , to <u>Sept 23, 1950</u> that I last saw the deceased alive on <u>Sept 23, 1950</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Lowe Do 2</u> (Degree or title)		23b. ADDRESS <u>Memphis Mo</u>	
		23c. DATE SIGNED <u>9/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>9-25-50</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>BLACK OAK</u>	
		24d. LOCATION (City, town, or county) (State) <u>NORTH OF GRANGER MO</u>	
DATE REC'D BY LOCAL REG. <u>10/9/50</u>		REGISTER'S SIGNATURE <u>OTM Baker 407</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Payne & Sons</u> ADDRESS <u>Memphis Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 10 1950

Date Received: OCT 1 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: OCT 1 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 _____



Licensed Embalmer No. 2196

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.