S. No. 300
v. 10-48

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39482

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 82

095-0 1

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JACKSON T.S.
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JACKSON T.S.
d. STREET ADDRESS (If rural, give location): KINSEY MO.

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) SMITH c. (Last) McCLANAHAN

4. DATE OF DEATH (Month) NOV (Day) 7 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 15 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LAWRENCETON MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EDWARD McCLANAHAN
13b. MOTHER'S MAIDEN NAME: EMMA BITTICK
14. NAME OF HUSBAND OR WIFE: CLARA BAUMRUCKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clara McClanahan P.O. Sandy Ms — ADDRESS

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 5 yrs
DUE TO (c) Ch. Valvular heart disease — 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Sclerosis — 5 yrs

19a. DATE OF OPERATION: NO
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NO 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NO

22. *I hereby certify that I attended the deceased from* Nov. 4, 1950 *to* Nov 7, 1950, *that I last saw the deceased alive on* Nov 4, 1950, *and that death occurred at* 12:00 Noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Clapsaddle MD
23b. ADDRESS: Ste Genevieve Mo
23c. DATE SIGNED: Nov. 7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/10/50
24c. NAME OF CEMETERY OR CREMATORY: St. Philomena's Cemetery
24d. LOCATION (City, town, or county) (State): BLOOMSDALE MO

DATE REC'D BY LOCAL REG.: Nov. 13, 1950
REGISTRAR'S SIGNATURE: Teresa M. Karl - Dep. 350
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Leo Basler Sr. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 21 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Adrain J. Ekler

Signed .....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.