

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43551

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3551 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>West Plains</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>West Plains, mo 045</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> <i>Rural</i>		d. STREET ADDRESS (If rural, give location) <i>Zabo Rt</i>	

3. NAME OF DECEASED a. (First) <i>Albert</i> b. (Middle) <i>Clark</i> c. (Last) <i>McLellan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12-15-50</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>1-1-1875</i>		9. AGE (In years last birthday) <i>75</i> IF UNDER 1 YEAR Months <i>11</i> Days <i>14</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during week preceding death if not retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <i>Yairville, mo, 0</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>

13a. FATHER'S NAME <i>W. F. McLellan</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Hart</i>		14. NAME OF HUSBAND OR WIFE <i>Ona McLellan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ona McLellan Clinton</i>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Hypertension with Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>42-2-1</i>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	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 *10-10-50*, 19\_\_\_\_, that I last saw the deceased alive on *12-10-50*, 19\_\_\_\_, and that death occurred at *12:00 noon* m., from the causes and on the date stated above.

23. SIGNATURE <i>Allen H. D. M.D. Coroner</i> (Degree or title)		23b. ADDRESS <i>Howell Co. West Plains, Mo</i>	23c. DATE SIGNED <i>1-1-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12-20-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Howell Valley</i>	24d. LOCATION (City, town, or county) (State) <i>West Plains, Mo</i>
DATE REC'D BY LOCAL REG. <i>1-15-51</i>	REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	399	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robertson, West Plains, Mo</i>

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

460

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 22 1937

Dist. File 157-192-

Date Filed 1-22-37

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.....  
Student Embalmer

Signed

*A. D. Roberts*

Licensed Embalmer No. 3437

P. O. Address West Han

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.