

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4123

State File No.

S. No. 300
V. 10.48

BIRTH NO.		REG. DIST. NO. <u>39</u>		PRIMARY REG. DIST. NO. <u>5228</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, ambulance before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pleasant Hill</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Baldwin Lake</u>		0198		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baldwin Lake Pleasant</u>				d. STREET ADDRESS (If rural, give location) <u>Baldwin Lake, Pleasant Hill</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Clyde</u>		c. (Last) <u>McLallen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 4 1882</u>		
9. AGE (In years last birthday) <u>79</u>		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) <u>supervisor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>mechine shop</u>			11. BIRTHPLACE (State or foreign country) <u>Brammer, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Milard McLallen</u>			13b. MOTHER'S MAIDEN NAME <u>Mayme Bell Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie McLallen</u> <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NUMBER <u>487-10-4065</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry Sampson</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Feb 17</u> , 19 <u>51</u> , and that death occurred at <u>1:00 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward Jander D.O.</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>2/19/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen B. ...</u>		ADDRESS <u>Pleasant Hill, Mo.</u>		

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

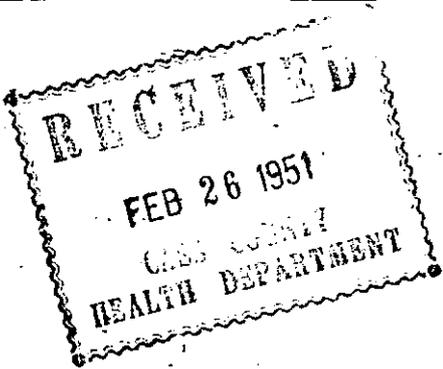
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(Licensed Embalmer's Statement on Reverse Side)



1951 G JVA

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 Allen Brunford

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, 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.