S. No. 300
EV. 10.48

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23652

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 87

0592 / 1

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 St. Louis Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 603 St. Louis Ave. 0

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Edward c. (Last) McLallen
4. DATE OF DEATH (Month) (Day) (Year): June 30 1951
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 2, 1865
9. AGE (In years last birthday): 86 | 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): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: John B. McLallen
13b. MOTHER'S MAIDEN NAME: Mary B. Harris
14. NAME OF HUSBAND OR WIFE: Katherine Blaine
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.: None
17. INFORMANT'S SIGNATURE OR NAME: James L. McLallen; ADDRESS: Chillicothe, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — 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)

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 21, 1951, *to* June 30, 1951, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Gale (Degree or title) M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 7-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-51
24c. NAME OF CEMETERY OR CREMATORY: Rosehill
24d. LOCATION (City, town, or county) (State): Chillicothe, Mo

DATE REC'D BY LOCAL REG.: 7/2/51
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Norman Funeral Home; Chillicothe, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JL 9 1971
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.