

FILED Aug 15 1951  
8-15-51

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24949

State File No. ....  
Registrar's No. 6787

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6787	
1. PLACE OF DEATH a. COUNTY <u>MO. 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Miss</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Genoa Miss 9230</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18th and Market Union Station</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1 Box 73 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zachary</u>		b. (Middle) <u>McClendon</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Unknown abt 41</u>	
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>father</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Jack McClendon</u>		13b. MOTHER'S MAIDEN NAME <u>Matha McClendon</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine McClendon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>425-05-9099</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine McClendon, Dr. Miss</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercularly Embolism</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>Injury left ankle while</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>unloading cars at</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Tuscola Mississippi</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>July 17, 1951 exact time</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>unbroken 9230 Accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u> HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tuscola</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) ... <u>Miss</u>		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 17 51</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>690H3.12</u>			
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1045A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patricia C. Taylor, Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7.30.51.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>shipped</u>		24b. DATE <u>July 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meridian Miss</u>		24d. LOCATION (City, town, or county) (State) <u>Meridian Miss</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>JUL 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Andrew H. Burles 212 Carroll St</u>			

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

**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 myself

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jhs J. Yardell

Licensed Embalmer No. 4243

P. O. Address Wabeta Grove MD

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.