

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32659**

FILED OCT 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1027

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>8 mo 7 day</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City 3328</u>		d. STREET ADDRESS (If rural, give location) <u>2118 Vine 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>						
3. NAME OF DECEASED (Type or Print) <u>Helen</u>			a. (First)	b. (Middle) <u>McClodin</u>	c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1951</u>						
5. SEX <u>Female 3</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>Oct. 1 1906</u>		9. AGE (In year last birthday) <u>44- 11- 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Ira McClodin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ira McClodin Chicago Ill. 452 N-368</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>chronic Nephritis</u>					
	DUE TO (c)					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Paranoid Type</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>				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)	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 <u>Sept 1</u> , 19 <u>51</u> , to <u>Sept 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 29</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Forrest Thomas M.D.</u>			(Degree or title)	23b. ADDRESS <u>St Joseph Mo 40 State Hwy 202</u>	23c. DATE SIGNED <u>10/1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>October 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>1602 Measum</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Wm. H. Alexander*

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.