

FILED OCT 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34097**  
Registrar's No. **158**

BIRTH NO. _____		REG. DIST. NO. <b>155</b>		PRIMARY REG. DIST. NO. <b>5580</b>		Registrar's No. <b>158</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Twin Groves Twsp</b>		c. LENGTH OF STAY (in this place) <b>04 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Twin Groves Twshp. 0490</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Miles N. W. Carl Jct., Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>10 Miles N. W. Carl Jct., Mo.</b>			
3. NAME OF DECEASED (Type or Print), a. (First) <b>Mary</b> b. (Middle) <b>Alice</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) <b>10</b> (Day) <b>15</b> (Year) <b>1951</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-17-1887</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>		IF OVER 1 YEAR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (State or foreign country) <b>Asbury, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Andrew Jack McClendon</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ulmer</b>		
14. NAME OF HUSBAND OR WIFE <b><del>XXXXXXXXXXXX</del></b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Audo (da)</b> ADDRESS <b>Carl Jct., Mo. R 1.</b>	
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) <b>Transition &amp; Rehabilitation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Primary Coronary Artery</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>154X</b>				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 <b>8/28, 1951</b> , to <b>10-15, 1951</b> , that I last saw the deceased alive on <b>8-24, 1951</b> , and that death occurred at <b>11:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>Res</b>				23b. ADDRESS <b>[Signature]</b>		23c. DATE SIGNED <b>10/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-17-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>8 Miles N. W. Carl Jct., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 17 51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Carl Jct., Mo.</b>	

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

RECEIVED 10-23-51

Jasper County Health Office

County File Number 51/10/291

Date Filed 10-23-51

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

Clayton M. Johnston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Clay City, 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.