

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36138

State File No. 42

FILED OCT 30 1951

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6183		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN (RURAL)</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUMPHREYS RURAL</u>		1050		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>COUNTY REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>GARVIN</u> c. (Last) <u>MCCLAREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 19 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>JAN 16 1863</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>REGER MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>SAMUEL MCCLAREN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SHIPLEY</u>			14. NAME OF HUSBAND OR WIFE <u>MARY MCCLAREN</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GROVER MCCLAREN REGER</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>cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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>10-17-51</u>  <u>unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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)		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>Aug 7</u> , 19 <u>51</u> , to <u>10-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-19</u> , 19 <u>51</u> , and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Evo Simpson, M.D.</u>			23b. ADDRESS <u>Milam, Mo.</u>			23c. DATE SIGNED <u>10-20-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>OCT 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HENRY</u>		24d. LOCATION (City, town, or county) (State) <u>REGER MO</u>		
DATE REC'D BY LOCAL REG. <u>Oct 24-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benson</u>		ADDRESS <u>Milam</u>		

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

1106

Date Received: OCT 29  
DISTRICT HEALTH OFFICE  
District File Number /0-  
Date Filed: OCT 29 1951

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

*Russell Haggin*

Licensed Embalmer No. 3752

P. O. Address *Melrose*

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.