

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42570

State File No.

No. 300
10-48

FILSO JAN 7 1952

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BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 3344		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Ralls,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Ralls,			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Mo		c. LENGTH OF STAY (in this place) 70		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry, Missouri.				d. STREET ADDRESS (If rural, give location) Perry, Missouri.			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) A.		c. (Last) McClintic		4. DATE OF DEATH (Month) (Day) (Year) Dec, 21, 1951.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct, 22, 1863	9. AGE (In years last birthday) 88	10 UNDER 1 YEAR Months 1 Days 29	11 UNDER 2 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 Farm		11. BIRTHPLACE (State or foreign country) Green Brier, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Steele McClintic			13b. MOTHER'S MAIDEN NAME Fannie Brown		14. NAME OF HUSBAND OR WIFE Myra McClintic.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Doris McClintic ADDRESS Perry, Missouri.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack during active work (no one present)					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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. E. Suter (Degree or title) M.D.				23b. ADDRESS Perry, Missouri.		23c. DATE SIGNED 12-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23, 1951	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery		24d. LOCATION (City, town, or county) (State) Perry, Missouri.		
DATE REC'D BY LOCAL REG. 12-26-51		REGISTRAR'S SIGNATURE Clyde Wisney		25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wisney		ADDRESS Perry, Missouri.	

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

DEC 28 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 12-51-

Date Filed: DEC 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Olyde C. Wilkey

Licensed Embalmer No. 3826

P. O. Address Perry, 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.