

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1369

State File No.

377

FILED FEB 9 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 802 TRACY AVENUE 315 th	
3. NAME OF DECEASED (Type or Print) PATRICIA JEAN McCLAREN		4. DATE OF DEATH JAN - 23, 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED		8. DATE OF BIRTH DEC. 20, 1947	
9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GLENN E. McCLAREN	
13b. MOTHER'S MAIDEN NAME DOROTHY L. RIDGE		14. NAME OF HUSBAND OR WIFE	
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 Glenn E. McClaren		ADDRESS 802 Tracy Ave. KCMO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia DUPLICATE (b) Diphtheria DUPLICATE (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Laryngeal tracheal edema	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 40 hours 055 ^h 10 hours	
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 Jan 23, 1952 to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 9:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Myron D. Jones DO (Degree or title)		23b. ADDRESS 926 E 11th St K-C Mo	
23c. DATE SIGNED 1-24-52		24a. BURIAL, CREMATION, REMOVAL BURIAL	
24b. DATE JAN. 24, 1952		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) CLEVER, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE O.N. Newcomb	
DATE REC'D BY LOCAL REG. 1-24-52		REGISTRAR'S SIGNATURE Geraldine Holmes	
ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.			

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

Edward M. Stacey

Licensed Embalmer No. 4452

P. O. Address R. C. 4 Mrs

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.