

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3860

State File No.

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6270 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WEBSTER UNION</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>W</u> c. (Last) <u>McCLANAHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Aug 17 1869</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Days <u>8</u> Hours <u>8</u> 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		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>W.C. McCLANAHAN</u>		13b. MOTHER'S MAIDEN NAME <u>DARTHWA RYAN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA McCLANAHAN</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS SAMMEDOCK CONWAY</u> ADDRESS <u>MO RI</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Enteritis</u>				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. <u>Myxial Insufficiency</u>					
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) m.		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 1-14, 1952 to 1-25, 1952, that I last saw the deceased alive on 1-25, 1952 and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Lindsay M.D.</u> (Degree or title)		23b. ADDRESS <u>Conway Mo</u>		23c. DATE SIGNED <u>1-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EUREKA</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u> ADDRESS <u>MARSHFIELD</u>			
DATE REC'D BY LOCAL REG. <u>1-30-52</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		39.2	

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 *Julian J. [Signature]* _____

Licensed Embalmer No. *4562* _____

P. O. Address *[Signature]* _____

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.