

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5124**
493

No. 300
10-48

FILED FEB 16 1952

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

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| 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) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | d. STREET ADDRESS (If rural, give location) 1311 East 14th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Howard | b. (Middle) | c. (Last) McClinton | 4. DATE OF DEATH (Month) (Day) (Year) 1 28 52 |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8-14-01 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown MINISTER | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Fulton, Missouri | 12. CITIZEN OF WHAT COUNTRY? America |
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| 13a. FATHER'S NAME Peter McClinton | 13b. MOTHER'S MAIDEN NAME Alice Shilo | 14. NAME OF HUSBAND OR WIFE Arenda McClinton |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Arenda McClinton | ADDRESS 903 E. 13th |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Pulmonary abscess, rt. upper lobe with rupture into pleural cavity with ANTECEDENT CAUSES lobe with rupture into pleural cavity with Emphysema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia, lf. lower lobe. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5271 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1-26-52, 1952, to 1-28-52, 1952, that I last saw the deceased alive on 1-28-52, 1952, and that death occurred at 5:18 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE OF REGISTRAR Frank Edis MD | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 1-30-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 2-2-52 | 24c. NAME OF CEMETERY OR CREMATORY HIGHLAND | 24d. LOCATION (City, town, or county) (State) K.P., MO |
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| DATE REC'D BY LOCAL REG. 1-31-52 | REGISTRAR'S SIGNATURE Pauline Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE BROY-BROWN | ADDRESS K.P., MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.