No. 300
10.48

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

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6586

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1593

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place) 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton 4452
d. STREET ADDRESS (If rural, give location) 7570 OXFORD DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First) HATTIE
b. (Middle) BELLE
c. (Last) MCCLUNG

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH FEB-13-1871
9. AGE (In years last birthday) 81
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY ___
11. BIRTHPLACE (State or foreign country) Pleasantville Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis R. Edmonds
13b. MOTHER'S MAIDEN NAME Harriett S. O'Haver
14. NAME OF HUSBAND OR WIFE Hudson G. McClung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys McClung Gray
ADDRESS

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) METASTATIC CARCINOMA * PRIMARY BREAST — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

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. CARCINOMA OF FUNDUS UTERI

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 170X

22. *I hereby certify that I attended the deceased from* 1/16, 1952, *to* 2/19, 1952, *that I last saw the deceased alive on* 2/19, 1952, *and that death occurred at* 3:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE HR Bradley
(Degree or title) M.D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-20-1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) TERRE HAUTE - INDIANA

DATE REC'D BY LOCAL REG. FEB 19 1952
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS
ADDRESS 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St Louis, 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.