

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15358**

FILED APR 30 1952

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 21

1040
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salena Washburn</u>	c. LENGTH OF STAY (In this place) <u>37 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salena</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Auldia Louisa</u> b. (Middle) <u>Mc</u> c. (Last) <u>McClathrin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 13 1952</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 12-1874</u>	9. AGE (In years last birthday) <u>77-8-1</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Lalla Guntman</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Mc McClathrin</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Willie Charles Salena</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corny Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> 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 <u>4201</u>	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 Jan, 1946, to 13 April, 1952, that I last saw the deceased alive on 12 April, 1952, and that death occurred at 3 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond M.H. O</u>		23b. ADDRESS <u>Quincy Mo</u>		23c. DATE SIGNED <u>14 Apr 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salena Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 14-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. B. Edna Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett J. Cheatham - Salena, Mo.</u>		

Paulina Murray (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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Everett J. Cheatham

Signed.....

Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Salena 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.