

JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19656**
Registrar's No. **221**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **2008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Boone c. CITY OR TOWN Columbia	
b. CITY OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Lola	b. (Middle) Alma	c. (Last) McLean	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1952
-------------------------------------	------------------------	-------------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH July 29, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 17	IF UNDER 1 HR. Mins. 1
----------------------	-------------------------------	--	---------------------------------------	---	----------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Callaway County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Charles A. McLean	13b. MOTHER'S MAIDEN NAME Mary Jane Windsor	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 Records Hospital #1	ADDRESS Fulton Mo.
--	-------------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		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.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 **June 16, 1952**, to **June 16, 1952**, that I last saw the deceased alive on **June 16, 1952**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy G. ...	(Degree or title)	23b. ADDRESS Fulton Mo.	23c. DATE SIGNED 6/16/52
--------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/52	24c. NAME OF CEMETERY OR CREMATORY Columbia	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. June 21-1952	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Willetts Funeral Home	ADDRESS Willetts Funeral Home Columbia, Mo.
--	--	-----	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1970

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 *Lynard Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Md*

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.