

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25058

State File No. _____
Registrar's No. 185

FILED AUG 8 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725

1. PLACE OF DEATH a. COUNTY <u>Hudson Macon</u> ⁰⁶¹⁰		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u> ¹⁴⁰	
b. CITY OR TOWN <u>Rural Hudson</u>	c. LENGTH OF STAY (In this place) <u>3 yrs 10 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clorinda</u> ⁸	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>Clorinda</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carey</u>	b. (Middle) <u>Broad M. Clelland</u>	c. (Last) <u>Clelland</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>7</u> <u>26</u> <u>52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>Widowed</u> ²	8. DATE OF BIRTH <u>Dec. 10, 1876</u>	9. AGE (In years) (Month) (Day)	<u>75</u> ⁷	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	<u>Salesman</u>	11. BIRTHPLACE (State or foreign country)	<u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY?	<u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wife</u>
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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 <u>Walter C. McClelland</u>	ADDRESS <u>Brentwood</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis + decubital Cellulitis</u>		INTERVAL BETWEEN ONSET AND DEATH
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*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	DUE TO (b) <u>Dementia Paralytica</u>
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MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Syphilis</u>
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II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>025X</u>	20. AUTOPSY? YES <input 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) (Min.)	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 May 8, 1948 to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eldon A. Moore, D.O.</u>	23b. ADDRESS <u>S.H.O.S. Macon, Mo</u>	23c. DATE SIGNED <u>7-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/31/52</u>	REGISTRAR'S SIGNATURE <u>Arthur McNeely</u> ¹⁸⁵⁰	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>	ADDRESS <u>Macon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 12 1952

JUN 26 1952

RECEIVED 8-5-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 123
Date Filed 8/7/52

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.