

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30497

State File No.

DIED AUG 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>449L</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Diehlstadt</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Diehlstadt</u>		d. STREET ADDRESS (If rural, give location) <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JESSE</u>		b. (Middle) <u>-</u>		c. (Last) <u>McCLANAHAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1952</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 24, 1882</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	11. UNDER 28 HRS. Hours <u>18</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur Co., Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charlie McClanahan</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ashcraft</u>		14. NAME OF HUSBAND OR WIFE <u>Martha McClanahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Croso - Diehlstadt, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> 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 <u>arteriosclerosis</u> <u>cardiomegaly</u> <u>cardiodelcompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</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) (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 <u>July 1</u> , 1952, to <u>Aug 13</u> , 1952, that I last saw the deceased alive on <u>Aug 10</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William L Davis MD</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>8-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Graves Shelly</u>		ADDRESS <u>East Prairie</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 25 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 852-255

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. 467

working under my personal supervision.

Student T. Travis Wade Shelby
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.