

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37747

State File No.

FILED DEC 8 1952
BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1219

117
0

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elwood 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If rural, give location) ----- 8	

3. NAME OF DECEASED (Type or Print) a. (First) BELLE b. (Middle) **** c. (Last) McCLELLAND	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952
---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH July 27, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Troy, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	----------------------------------

13a. FATHER'S NAME Henry Bailey	13b. MOTHER'S MAIDEN NAME Julia McLaughlin	14. NAME OF HUSBAND OR WIFE W.W. McClelland
---------------------------------	--	---

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 Mrs. Henry Euler-Wathena, Ks.	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		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Arteriosclerosis, generalized		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 Nov. 26, 1952, to Nov. 30, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 12:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frederick E. Totten, M.D. (Degree or title)	23b. ADDRESS Wathena, Kansas	23c. DATE SIGNED 11-30-52
--	------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-30-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) Troy, Kansas
---	--------------------	--	--

DATE REC'D BY LOCAL REG. Dec 3, 1952	REGISTRAR'S SIGNATURE Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Harman Funeral Home-Wathena, Ks. ADDRESS
--------------------------------------	--	---

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.....

Charles M. Harmon

Signed.....
Student Embalmer

Licensed Embalmer No..... 4487

P. O. Address..... Wathena, Kansas

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.