S. No. 300
r. 10.48

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39229

State File No.

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hillsboro
c. LENGTH OF STAY (In this place) 7 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cedar Grove Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) De Soto 0502
d. STREET ADDRESS (If rural, give location) 1205 No. Second St.

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) Lou c. (Last) McClelland

4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept. 19 1885

9. AGE (In years last birthday) 67 | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) Hopewell, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Fatchett

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James McClelland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Lorene Schneider ADDRESS De Soto Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By suffocation in fire
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) at Cedar Grove Nursing home
DUE TO (c) Hillsboro Mo

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* E9167 40

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) 050

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Jas. Long (Degree or title) Coroner

23b. ADDRESS RR De Soto Mo

23c. DATE SIGNED 11/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-1-52

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

24d. LOCATION (City, town, or county) (State) De Soto, Mo.

DATE REC'D BY LOCAL REG. 11-1-52

REGISTRAR'S SIGNATURE 141-1 Kathleen Maradon

25. FUNERAL DIRECTOR'S SIGNATURE D. Lee Mothershead ADDRESS De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 14 1952

MAR 22 1956

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 Andrew H England

Licensed Embalmer No. 4741

P. O. Address De Soto 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.