No. 300
10.48

ILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7261

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 5

930

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

1. PLACE OF DEATH Home
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City, Mo
c. LENGTH OF STAY (in this place) 27 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City, Mo 0939
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ervin Edward b. (Middle) c. (Last) McClellan

4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1953

5. SEX M 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 19 - 1912
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months 11 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mt. View Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Elijah McClellan
13b. MOTHER'S MAIDEN NAME Vetra Evelyn Belew
14. NAME OF HUSBAND OR WIFE Elizabeth Mae Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 500-01-4226
17. INFORMANT'S SIGNATURE OR NAME Elizabeth M. McClellan ADDRESS Appleton City, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 416X
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)
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* 5 July, 1952, *to* 13 Feb, 1953, *that I last saw the deceased alive on* 23 Jan, 1953, *and that death occurred at* 8:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Mo
23b. ADDRESS Appleton City
23c. DATE SIGNED 14 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 15-1953
24c. NAME OF CEMETERY OR CREMATORY Appleton City Cem.
24d. LOCATION (City, town, or county) (State) Appleton City, Mo.

DATE REC'D BY LOCAL REG. Feb. 16, 1953
REGISTRAR'S SIGNATURE Otis Abney 285 J
25. FUNERAL DIRECTOR'S SIGNATURE Frank Lee ADDRESS Appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1959

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 W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.