

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13125**

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FILED APR 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5000** Registrar's No. **135**

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville, 0013</b>	
c. LENGTH OF STAY (In this place) <b>21 days</b>		d. STREET ADDRESS (If rural, give location) <b>1002 East Jefferson St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Laughlin Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Irma</b> b. (Middle) <b>Brown</b> c. (Last) <b>McClanahan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 24, 1905</b>		9. AGE (In years last birthday) <b>47</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchandise store</b>		11. BIRTHPLACE (State or foreign country) <b>Cement, Oklahoma</b>	

13a. FATHER'S NAME <b>Pearl V. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Verta Frances Collins</b>		14. NAME OF HUSBAND OR WIFE <b>Melvin McClanahan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melvin McClanahan-Kirkville, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pancarditis with marked pericardial</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>effusion</b>		DUE TO (c) _____		<b>unknown</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Widespread pleural adhesions</b>		<b>Mesenteric lymphadenitis</b>		<b>unknown</b>	

19a. DATE OF OPERATION <b>3-30-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bronchoscopic examinations only</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 **3-23-53**, 19**53**, to **4-14-53**, 19**53**, that I last saw the deceased alive on **4-14-53**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Hauge</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>4-16-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stuckey Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Millard, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>5-17-53</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Paul Hauge</b>		ADDRESS <b>-Kirkville, Mo.</b>	
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APR 24 1963

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

*Ray S. Shelton*

Licensed Embalmer No. 4700

P. O. Address Kirksville, 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.