No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15104

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
c. LENGTH OF STAY (In this place): 28 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Granby Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0730
d. STREET ADDRESS (If rural, give location): Stella R.F.D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle):
c. (Last): McClantock

4. DATE OF DEATH (Month) (Day) (Year): Apr. 7. 1953

5. SEX: Fem.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11. 1898

9. AGE (In years last birthday): 54
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): ~~Own Home~~ House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Sarcoxia Missouri

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

13a. FATHER'S NAME: Jim Boyd

13b. MOTHER'S MAIDEN NAME: Sarah Grayson

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Tom Boyd
ADDRESS: Stella Mo. R#1

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) Hemmorhagic Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) And thrombosis of the Lungs

DUE TO (c)

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: 465X

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* 4-7, 1953, *to* 4-7, 1953, *that I last saw the deceased alive on* 4-7, 1953, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin McCullough (Degree or title) DO
23b. ADDRESS: Law Bk Bldg. Neosho Mo
23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-53
24c. NAME OF CEMETERY OR CREMATORY: Wanda
24d. LOCATION (City, town, or county) (State): Newton Co. Missouri

DATE REC'D BY LOCAL REG.: Apr. 10, 1953
REGISTRAR'S SIGNATURE: M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE: Cooley Thompson & Co.
ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 453-87

Date Filed 4-15-53

NEOSHO, MISSOURI

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. 474 working under my personal supervision.

Student Ray L. Adams
Student Embalmer

Signed Bailey T. Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.