

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16817

State File No. ....

FILED APR 27 1953

BIRTH NO. .... REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Janey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Janey</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u> <u>1060</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Hallister</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Hallister</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Pat</u>	b. (Middle) <u>Samuel</u>	c. (Last) <u>Mc. Clease</u>	<u>April 13 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 13, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Carter County Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Martin Mc. Clease</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Susan</u>	14. NAME OF HUSBAND OR WIFE <u>Chloe Mc. Clease</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Velma Cronk, Sarcosis Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>15 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chloride Heart Disease</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, 19\_\_\_, to 1953, 19\_\_\_, that I last saw the deceased alive on Apr 12, 1953, and that death occurred at \_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Macbin</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Bramson Mo</u>	23c. DATE SIGNED <u>4-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bramson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bramson Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-27-53</u>	REGISTRAR'S SIGNATURE <u>A. E. Crispwell</u> <u>376</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitaker Funeral Home</u>	ADDRESS <u>Bramson Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

*Walter S. Cook*

Licensed Embalmer No. 4751

P. O. Address Franklin 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.