No. 300
10.48

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

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17492

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 210 Haller St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
d. STREET ADDRESS (If rural, give location): 210 Haller St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Clifford
c. (Last): McClellan.

4. DATE OF DEATH (Month) (Day) (Year): June 1 1953

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: June 18 1881

9. AGE (In years last birthday): 71
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): Concrete Worker

10b. KIND OF BUSINESS OR INDUSTRY: Concrete Contractor

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

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Daniel Boone McClellan.

13b. MOTHER'S MAIDEN NAME: Martha Browdy

14. NAME OF HUSBAND OR WIFE: Nellie Roy McClellan.

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.: 496-03-9345

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. L. C. McClellan, Boonville, 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) Myocarditis — Interval between onset and death: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarct 1952
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: None
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Mar, 1952, *to* June 1, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 4:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. C. Beckett M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3 1953
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Boonville, Missouri.

DATE REC'D BY LOCAL REG.: 6-2-53
REGISTRAR'S SIGNATURE: D. Cooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1953

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.