

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24076

State File No. _____

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 258

| | | | |
|------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Jameson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | c. CITY OR TOWN <u>Hayti</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u> | | e. STREET ADDRESS (If rural, give location) <u>0781</u> | |

| | | | | | |
|--------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 3. NAME OF DECEASED a. (First) <u>JIM</u> b. (Middle) <u>-</u> c. (Last) <u>McCLUNG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1953</u> | | |
|--------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------|--|--|

| | | | | | | |
|-----------------|-------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>May 6 - 1888</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Month <u>2</u> Day <u>27</u> | IF UNDER 1 HR. Hours <u></u> Min. <u></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>farm</u> | 11. BIRTH PLACE (City and State or Foreign Country) <u>Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|

| | | |
|------------------------------------------|------------------------------------------------------|--------------------------------------|
| 13a. FATHER'S NAME <u>Arthur McClung</u> | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Summerville</u> | 14. NAME OF HUSBAND OR WIFE <u>-</u> |
|------------------------------------------|------------------------------------------------------|--------------------------------------|

| | | | |
|----------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>AK</u> | 16. SOCIAL SECURITY NO. <u>AK</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Jackson</u> | ADDRESS <u>Hayti mo</u> |
|----------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile psychosis simple type</u> | | 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) _____ DUE TO (c) <u>304 X</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chromyocarditis</u> | | |

| | | |
|------------------------|----------------------------------|-----------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) m. | 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 7-22, 1953, to 7-27, 1953, that I last saw the deceased alive on 7-27, 1953 and that death occurred at 8:29 m., from the causes and on the date stated above.

| | | |
|----------------------------------------------------------|-----------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. Caldwell M.D.</u> | 23b. ADDRESS <u>State Hos Fulton mo</u> | 23c. DATE SIGNED <u>7-27-53</u> |
|----------------------------------------------------------|-----------------------------------------|---------------------------------|

| | | | |
|----------------------------------------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7-27-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u> | 24d. LOCATION (City, town, or county) (State) <u>mo</u> |
|----------------------------------------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------------|

| | | | | |
|------------------------------------------------|----------------------------------------------|------|-------------------------------------------------------|-------------------------|
| DATE REC'D BY LOCAL REG. <u>July 31 - 1953</u> | REGISTRAR'S SIGNATURE <u>Murtha Lawrence</u> | 426- | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u> | ADDRESS <u>Columbia</u> |
|------------------------------------------------|----------------------------------------------|------|-------------------------------------------------------|-------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

240

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.