

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31171

State File No.

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon

b. CITY (If outside corporate limits, write RURAL and give township) Fulton c. LENGTH OF STAY (in this place) 43 yrs

c. CITY OR TOWN La Plata d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1

e. STREET ADDRESS (If rural, give location) 0610

3. NAME OF DECEASED (Type or Print)
a. (First) Burton b. (Middle) Morrow c. (Last) Clung McClung

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widower

8. DATE OF BIRTH June 28, 1881 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours 4 Min.

10. KIND OF BUSINESS OR INDUSTRY Dentist 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John McClung 13b. MOTHER'S MAIDEN NAME Sarah Meeks 14. NAME OF HUSBAND OR WIFE Mrs B.M. McClung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
Chronic Myocarditis

19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
*This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4222 20. AUTOPSY? YES NO

19a. 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)

19d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Aug 1, 1953, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS State Hospital, Fulton, Mo. 23c. DATE SIGNED 10/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 5, 1953 24c. NAME OF CEMETERY OR CREMATORY La Plata Cem 24d. LOCATION (City, town, or county) (State) La Plata Mo

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate
by me, or by, Student Embalmer No
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wenzel E. Browning*.....

Licensed Embalmer No

P. O. Address *Faul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.