

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31875
4667

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 2 8 years	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 43 1017 E. 29th	34380

3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) Adelpia N. c. (Last) Mc Cleary	4. DATE OF DEATH (Month) (Day) (Year) 9 - 27 - 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 2-3-1856	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Belleville, Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Babcock	13b. MOTHER'S MAIDEN NAME Harriet De Bois	14. NAME OF HUSBAND OR WIFE Jack S. McCleary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Gmo Hazel Slater	ADDRESS 1017 E. 29th St. E. Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 25 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis DUE TO (c) Cerebro vascular accident, right, with left hemiplegia II. OTHER SIGNIFICANT CONDITIONS Fulmonary edema Hypostatic pneumonia		

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., in 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) m.	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 9 - 2 - 19 53, to 9 - 27 - 19 53, that I last saw the deceased alive on 9 - 27, 19 53, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. BURNS MD (Degree or title) B. I. Burns MD	23b. ADDRESS General Hospital No. 1	23c. DATE SIGNED 9-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Minden Cemetery	24d. LOCATION (City, town, or county) (State) Minden, Nebraska
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DATE REC'D BY LOCAL REG. 9-28-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wilks Funeral Home	ADDRESS 2315 Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Chas E Wilks*.....

Licensed Embalmer No. *2647*.....

P. O. Address *H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.