

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1954
BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 1/2 YRS.		e. STREET ADDRESS (If rural, give location) 951 E. NORMAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) F.	c. (Last) McLEAN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 13 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY SALESMAN	11. BIRTHPLACE (City and State or Foreign Country) GILLIAD, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME PERRY McLEAN	13b. MOTHER'S MAIDEN NAME USTENA MYERS	14. NAME OF HUSBAND OR WIFE MAMYE McLEAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	16. SOCIAL SECURITY NO. SPANISH AMERICAN Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAMYE McLEAN SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerosis Heart Disease		
	ANTECEDENT CAUSES DUE TO (b) Chronic Bronchitis DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Absent Left Kidney, Congenital?			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 3-22, 1954, to 3-22, 1954, that I last saw the deceased alive on 3-22, 1954, and that death occurred at 5:05 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Paul, M.D.	23b. ADDRESS 609 Cherry, Springfield, Mo.	23c. DATE SIGNED 3/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-24-54	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 3-24-54	REGISTRAR'S SIGNATURE Carroll Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1954

EMAR

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.....
Lester T. Swadley

Licensed Embalmer No.....
481

P. O. Address.....
Spring

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.