

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8789

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1141

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Green	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 mos.	c. CITY OR TOWN Springfield
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ALLEN	c. (Last) MC CLELLAND, Sr.
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 9, 1900		9. AGE (In years last birthday) 53	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and State or Foreign Country) Antigo, Wisconsin /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DATE OF DEATH (Month) (Day) (Year) March 10, 1954	

13a. FATHER'S NAME Joseph McClelland	13b. MOTHER'S MAIDEN NAME Sarah Johnston	14. NAME OF HUSBAND OR WIFE Beulah
--------------------------------------	--	------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 535-10-7887	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, Kansas City, MO	ADDRESS
---	-------------------------------------	---	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema, pleural		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	DUPLICATE (b) Bronchogenic carcinoma		1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min) VA 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 January 11, 1954 to March 10, 1954, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) THOMAS J. RANKIN, M.D.	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 3/12/54
---	--	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR-13-1954	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) SAN ANTONIO TEXAS
---	-----------------------	--	---

DATE REC'D BY LOCAL REG. 3-13-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer's Sons, Kansas City, Mo.
----------------------------------	---------------------------------------	--

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.....
Charles W. Benjamin

Licensed Embalmer No. *1193*

P. O. Address *J. C. 10.7*

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.