

No. 300  
10. 48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13763

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4046

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Illinois</b> b. COUNTY <b>Pike</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> ) |  | c. CITY OR TOWN <b>Pearl</b>   | 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) <b>25 Days</b>   |  | e. STREET ADDRESS (If rural, give location) <b>None</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>                             |  |  |   |

|                                     |                         |                          |                             |  |
|-------------------------------------|-------------------------|--------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>IRENE</b> | b. (Middle) <b>(NMN)</b> | c. (Last) <b>McCLENNING</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1954</b> |
|-------------------------------------|-------------------------|--------------------------|-----------------------------|--|

|                      |                               |   |  |   |  |                             |
|----------------------|-------------------------------|---|--|---|--|-----------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Dec. 5th, 1906</b> | 9. AGE (In years last birthday) <b>47</b> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 10 RES. Hours Min. |
|----------------------|-------------------------------|---|--|---|--|-----------------------------|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>William Garrison</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Unknown</b> |
|--|--|--|

|  |                                     |   |         |
|--|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Harold L. Mc Clenning, Pearl, Illinois</b> | ADDRESS |
|--|-------------------------------------|---|---------|

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|---|---|--|---|
| 18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <b>465X</b> |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 April 10, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 7:00p m., from the causes and on the date stated above.

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| 23a. SIGNATURE <i>E. D. Vermillion, M.D.</i> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>BARNES HOSPITAL</b> | 23c. DATE SIGNED <b>5-3-54</b> |
|--|-------------------------------------|--------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removed-Motor</b> | 24b. DATE <b>5/4/54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Bridgewater Cemetary</b> | 24d. LOCATION (City, town, or county) (State) <b>Greene County, Illinois</b> |
|---|-------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>MAY 4 1954</b> | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b> ADDRESS <b>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</b> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
even after post.

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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..... *Ralph E. Linder* .....

Licensed Embalmer No.. *427* .....

P. O. Address..... *50 L...* .....

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.