

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

26447

State File No. \_\_\_\_\_  
Registrar's No. 242

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>	c. CITY OR TOWN <u>FULTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Avata</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>12 E 9th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>SANFORD</u> c. (Last) <u>McCLELLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 29, 1885</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Service</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Wm. P. McClellan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Blva McClellan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy McClellan Fulton Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arricular Fibrillation</u>		<u>24 hrs.</u>	
		DUE TO (c) <u>Myocardial Degeneration</u>		<u>2 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Fulton Mo.</u>	
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 1948, to 8-7, 1954, that I last saw the deceased alive on 8-7, 1954, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u>		23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>8-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	
		24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>			

DATE REC'D BY LOCAL REG. <u>Aug 14 - 54</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>4267</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin Fulton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

1951 SEP 2 2 1951

1951 SEP 6 9 1951

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 J. U. Passon  
Licensed Embalmer No. 258  
P. O. Address Miller

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.