

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25082**

FILED JUL 26 1955

360

3076

111

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | c. LENGTH OF STAY (In this place) <u>1 hr</u> | | c. CITY OR TOWN <u>Schell City</u> | | d. In 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 <u>#218 East Hunter St</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1080</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>THOMAS</u> | | c. (Last) <u>McLELLAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1955</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>March 16, 1883</u> | |
| 9. AGE (In years last birthday) <u>72 yrs</u> | | 10. MONTHS <u>4</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Utica, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Saw mill</u> | | | | | |
| 13a. FATHER'S NAME <u>John McLellan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Blue</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leslie Miller McLellan</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. <u>495-38-1662</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leslie McLellan Schell City, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease - acute left ventricular failure</u> | | | | <u>minutes</u> | |
| | | ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | | |
| | | DUE TO (c) <u>Probable septicemia secondary to carcinoma of left tonsil</u> | | | | <u>sev. days</u> <u>sev. month</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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>7-3</u> , 1955, to <u>7-17</u> , 1955, that I last saw the deceased alive on <u>7-17</u> , 1955, and that death occurred at <u>12⁰⁰</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. Braxton Davis, M.D.</u> | | | | 23b. ADDRESS <u>Nevada, Mo.</u> | | 23c. DATE SIGNED <u>7-18-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 20, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ludlow Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-18-1955</u> | | REGISTRAR'S SIGNATURE <u>(L. M.) E. F. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> | | ADDRESS <u>Schell City, Mo.</u> | |

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

OCT 23 1957

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..... *John G Lewis*

Licensed Embalmer No. *477*

P. O. Address *Schall C*

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.