

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29344**  
Registrar's No. **55-81**

FILED OCT 11 1955

BIRTH NO. _____		REG. DIST. NO. <b>93</b>	PRIMARY REG. DIST. NO. <b>4153</b>	Registrar's No. <b>55-81</b>	
1. PLACE OF DEATH a. COUNTY <b>DADE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>		
b. CITY OR TOWN <b>LOCKWOOD</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>ALDRICH</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LOCKWOOD MEMORIAL</b>			e. STREET ADDRESS (If rural, give location) <b>ROUTE #2</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HUGH</b>		b. (Middle) <b>PARK</b>	c. (Last) <b>McCLELLAND</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 29-1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 8, 1896</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NEAR DAVENPORT, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>PHILLIP KURR</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET BURKHART</b>		14. NAME OF HUSBAND OR WIFE <b>LOUESE McCLELLAND</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Louise McClelland Aldrich</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b> ANTECEDENT CAUSES DUE TO (b) <b>Thrombophlebitis</b> DUE TO (c) <b>Trauma, left ankle</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>4 days</b> <b>5 days</b> <b>1 yr</b>
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Aldrich 084</b> (COUNTY) <b>Polk</b> (STATE) <b>Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 24, 1955 12:00 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell from tractor</b>	
22. I hereby certify that I attended the deceased from <b>9-26</b> , 1955, to <b>9-29</b> , 1955, that I last saw the deceased alive on <b>9-28</b> , 1955, and that death occurred at <b>1:15 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Lee G. Neal Jr. M.D.</b>			23b. ADDRESS <b>Greenfield, Mo</b>		23c. DATE SIGNED <b>9-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Routh's Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Aldrich, Mo.</b>
DATE REC'D BY LOCAL REG. <b>10-3-1955</b>		REGISTRAR'S SIGNATURE <b>J. C. Canada</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Doye Daniel - Walnut Grove - Mo</b>	

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

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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.....

Licensed Embalmer No. 4 2000

P. O. Address Asw Brown

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.