

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

State File No. 37274

FILED DEC 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5576</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>RURAL RT#2 JASPER</u>		c. LENGTH OF STAY (in this place) LIFE <u>DUVAL</u>		c. CITY OR TOWN <u>RURAL DUVAL TWP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT#2 JASPER</u>				e. STREET ADDRESS (If rural, give location) <u>HWY 0 2490</u> <u>RT JASPER 3 MILES NORTH ALBA, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u>		b. (Middle) <u>RUHAMA</u>		c. (Last) <u>McCLANHAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 29 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 6, 1906</u>		9. AGE (In years last birthday) <u>49</u>	if UNDER 1 YEAR Months <u>0</u> Days <u>23</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRADE SCHOOL TEACHER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALBA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>CHARLES SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>ROY McCLANHAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROY McCLANHAN RT#2 JASPER, MISSOURI</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				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Cardiac Asthma</u>				unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4342</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) _____		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>8/2/1953</u> , to <u>11/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>55</u> , and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature] D.O.</u>				23b. ADDRESS <u>Alba, Mo.</u>		23c. DATE SIGNED <u>11/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/1/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRIENDS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PURCELL Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-1-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sinter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO</u>	

No. 300
10.48

2490

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

RECEIVED
Jasper County Health Office
County File Number 5-5-1815
Date Filed DEC 2 1955

FEB 7
1956

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 James J. Lewis

Licensed Embalmer No. 456

P. O. Address Wiley, Mo.

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.