

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38567

State File No. _____

FILED DEC 2 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10089**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR Town St. Louis		a. STATE Illinois b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) 822 Washington avenue	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) FOREST	b. (Middle) LOREN	c. (Last) MC CLELLAND	(Month) 11 (Day) 17 (Year) 55
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-3-1928
9. AGE (in years) (Month) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Gus McClelland	13b. MOTHER'S MAIDEN NAME Leota Rowdon	14. NAME OF HUSBAND OR WIFE Lorene McClelland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY # 332-20-4942	17. INFORMANT'S SIGNATURE OR NAME Lorene McClelland, Madison, Ill.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (c) Multiple Emboli to Lung		
ANTECEDENT CAUSES		DUE TO (b) Rheumatic Heart Disease with Mitral Stenosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		410X	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **11-12-55**, 19____, to **11-17-55**, 19____, that I last saw the deceased alive on **11-16-55**, 19____, and that death occurred at **1A**: ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harman J. Goodman M.D.	23b. ADDRESS Jewish Hospital	23c. DATE SIGNED 11-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-18-55	24c. NAME OF CEMETERY OR CREMATORY
Removal		24d. LOCATION (City, town, or county) (State) Madison, Ill.

DATE REC'D BY LOCAL REG. NOV 18 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Lahey, Madison, Ill.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ben E. H. [Signature]*
Licensed Embalmer No.
P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.