

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1884

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WINFIELD</b>		c. LENGTH OF STAY (in this place) <b>3 yr.</b>	c. CITY OR TOWN <b>WINFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>0570</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LOUISA</b> c. (Last) <b>McCLELLAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 5 1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 3, 1874</b>		9. AGE (In years last birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Winfield, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JOHN DIXON</b>	13b. MOTHER'S MAIDEN NAME <b>Missouri Stuart</b>	14. NAME OF HUSBAND OR WIFE <b>Jas. E. McClellan</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Johnson - Winfield, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Instantly</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		Estimate <b>10 yrs or longer</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease and</b> DUE TO (c) <b>Atherosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity 4201</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **December 2, 1953**, to **Jan 8th, 1956**, that I last saw the deceased alive on **Jan 7th, 1956**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank L. Sutton, D.O.</b> (Degree or title)	23b. ADDRESS <b>Winfield, Mo.</b>	23c. DATE SIGNED <b>Jan. 18, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry City</b>	24d. LOCATION (City, town, or county) (State) <b>Elsberry, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 4 - 1956</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley...</b>	ADDRESS <b>Elsberry, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1958

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..... *[Handwritten Signature]*

Licensed Embalmer No... 401

P. O. Address *Elaberey*

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.