

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13378**  
Registrar's No. **1372**

FILED APR 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>3 WKS</b>	c. CITY OR TOWN <b>Bucklin, Mo</b>	d. 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 <b>Menorah Medical Center</b>		e. STREET ADDRESS <b>441 ...</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frances Ruth</b>	b. (Middle) <b>Mc</b>	c. (Last) <b>McLellan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-29-56</b>
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5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>DEC 29, 1891</b>	9. AGE (in years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Bucklin, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE B. McCLellan</b>	13b. MOTHER'S MAIDEN NAME <b>Willie Bell Caton</b>	14. NAME OF HUSBAND OR WIFE <b>Ralph Shoemaker</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>486-09-1678</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS MAUDE WICKIZER</b>	ADDRESS <b>Bucklin, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Spontaneous Subarach-</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>22 days</b>  <b>330x</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>roid Hemorrhage,</b>		
	DUE TO (c) <b>Cerebral Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE - HOMICIDE (Specify)	21b. PLACE OF INJURY (a.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)	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 **3/17/56** to **3-29**, 1956, that I last saw the deceased alive on **3-29**, 1956, and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Passman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>701 E 63 St. KC MO</b>	23c. DATE SIGNED <b>3/29/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MAR 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Bucklin, Missouri</b>
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DATE REC'D BY LOCAL REG <b>3-30-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>	ADDRESS <b>KANSAS CITY, MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Harold Passman

APR 25 1950

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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.....  
*Rollie Kessel*

Licensed Embalmer No. 469

P. O. Address R.C. Mc

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.