

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29555

FILED AUG 17 1956

State File No. 119
Registrar's No. 118

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|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>333</u> | | PRIMARY REG. DIST. NO. <u>3074</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> | | c. LENGTH OF STAY (In this place) <u>9 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> | | d. STREET ADDRESS (If rural, give location) <u>223 Petty St.</u> |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Frank</u> c. (Last) <u>McClellon</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 25, 1904</u> | 9. AGE (In years last birthday) <u>51</u> | 10. UNDER 1 YEAR Months <u>9</u> Days <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister & Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oakvale, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John H. McClellon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dora Turnbo</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eloise McClellon</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eloise McClellon, 223 Petty, Sikeston, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) <u>Hypertensive Arteriosclerotic Ht Dis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>weeks</u> <u>weeks</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>592x</u> | | | | 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>25 July, 1956</u> , to <u>28 July, 1956</u> ; that I last saw the deceased alive on <u>28 July, 1956</u> , and that death occurred at <u>9:25 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John L. Sample M.D.</u> | | | 23b. ADDRESS <u>Sikeston Mo</u> | | 23c. DATE SIGNED <u>1 Aug 56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Aug. 4, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Warfield Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Oran, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-6-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. E. L. Hunter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. F. L. Sparks Charleston, Mo.</u> | | |

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

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DATE RECEIVED **AUG 13 1956**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-166

1962
FEB 2

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 _____

self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe R. Nunnelee

Licensed Embalmer No. 1340

P. O. Address Sikeston, 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 this body is not embalmed, fact should be so stated above.