

30684

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 344

| | | | | | |
|--|----------------------------------|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Adair | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Gibbs | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY Nursing Home | | | Length of stay in lb | | d. STREET ADDRESS Rural (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) Julia First A. Middle McClanahan Last | | | 4. DATE OF DEATH Sept. 27 1957 Month Sept. Day 27 Year 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 3, 1869 | 9. AGE (In years last birthday) 88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Grundy Center, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13. FATHER'S NAME J. Q. Johnson | | | 14. MOTHER'S MAIDEN NAME Sofa Wells | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs. give war or dates of service) | | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Marvin Sangster, Kirksville, Mo. Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Right Heart Failure | | | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adhesive pericarditis | | | | | unknown |
| DUE TO (c) Upper respiratory tract infection of undetermined origin | | | | | 4 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatoid arthritis | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY | Hour a. m. | Month, Day, Year p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from Sept. 18, 1956 to Sept 27, 1957 and last saw her alive on Sept. 27, 1957 . Death occurred at 5:15 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE George H. Schewer, D.O. (Degree or title) | | | 22b. ADDRESS Kirksville, Mo. | | 22c. DATE SIGNED 9-28-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-29-1957 | 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery | | 23d. LOCATION (City, town, or county) (State) Gibbs Missouri | |
| 24. FUNERAL DIRECTOR Doris & Doris ADDRESS Kirksville, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-1-1957 | | 26. REGISTRAR'S SIGNATURE Doris W. Ratliff | |

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

00-56

diseases in Part I, must be, causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

50

DEC 3 1957

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 *Robert B. Davis*

Licensed Embalmer No. 421

P. O. Address Kirksville

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.