

FILED OCT 21 1957

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35155**

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Excelsior Springs</b>		c. LENGTH OF STAY (In this place) <b>9 days</b>	c. CITY OR TOWN <b>Lawson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>			STREET ADDRESS (If rural, give location) <b>R.R. # 2</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARVEY</b>		b. (Middle) <b>SAMUEL</b>	c. (Last) <b>McCLINTIC</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 29 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 2 1894</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR: Hours Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Locker Plant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ravenwood Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Daniel McClintic</b>		13b. MOTHER'S MAIDEN NAME <b>Harrietta Vanfossom</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha McClintic</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>513-20-9800</b> NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Bertha McClintic - Lawson Mo.</b>		
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>9 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary infarction</b>	DUE TO (c) _____				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Rt Lung 4201</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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 <b>Feb</b> , 19 <b>55</b> , to <b>29 Sept</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>29 Sept</b> , 19 <b>57</b> , and that death occurred at <b>11:20 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>George E Sanders</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>9/29/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sept. 29/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton Missouri</b>		
DATE REC'D BY LOCAL REG. <b>10/4/57</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Virgil Hope</b>		ADDRESS <b>Ex-Springs Mo.</b>

(Licensed Embalmer - Statement on Reverse Side)

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

62-0



OCT 21 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 *James A. Moles*

Licensed Embalmer No. 3296

P. O. Address **Excelsior Spg**

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.