

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2036
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5764 Registrar's No. 5

300
1-57

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARREN TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WARREN TOWNSHIP 0640		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HUNNEWELL, MO R 1		Length of stay in 1b 35 yrs	d. STREET ADDRESS (If outside, give location) HUNNEWELL, MO R 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BESSIE ELIZABETH Mc CLINTIC			4. DATE OF DEATH Month Day Year JAN 25 1958		
5. SEX FEM ALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 1, 1880	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WHEELING WEST VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES B. BRISTOW		13b. MOTHER'S MAIDEN NAME NANCY ELIZABETH RAWLINGS	
14. NAME OF HUSBAND OR WIFE CLARENCE A. Mc CLINTIC		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT R. L. Caldwell		Address Hunnewell Mo		R1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) High blood pressure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 5 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 STATE	
21. I attended the deceased from <u>Jan 23 - 58</u> , to <u>Jan 25</u> and last saw her alive on <u>Jan. 23 - 58</u> Death occurred at <u>8 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. L. Caldwell D.O.		22b. ADDRESS Shelbina, Mo.		22c. DATE SIGNED Jan 29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-28-58		23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY	
23d. LOCATION (City, town, or county) MONROE CITY, MISSOURI		23e. STATE MISSOURI			
24. FUNERAL DIRECTOR Wilson & Son		ADDRESS Monroe City Mo		25. DATE RECD. BY LOCAL REG. 1-31-58	
26. REGISTRARS SIGNATURE Dr. G. M. Duke		27. TITLE By Debra Lee, Deputy			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED FEB 3 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1958

MAR 13 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 ME....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lester L. Wilson.....
Licensed Embalmer No. 3014.....
P. O. Address MONROE CITY, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.