

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018973
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 200 Primary Registration District No. 4310 Registrar's No. 85

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-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		8. DATE OF BIRTH <u>6-18-21</u>		9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sewerer</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bevier</u>		c. CITY OR TOWN <u>Bevier 0610</u>		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		13a. FATHER'S NAME <u>Nathan J. Hanna</u>		13b. MOTHER'S MAIDEN NAME <u>Lucretia</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence McLean</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u> </u> Address <u>Bevier Mo</u>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u> </u>		Length of stay in 1b <u> </u>		3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u> </u> Last <u>McLean</u>		4. DATE OF DEATH Month <u>5</u> Day <u>8</u> Year <u>58</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary artery thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DUE TO (b) <u>chronic auricular fibrillation</u>		DUE TO (c) <u>prolonged recumbency</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT 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) <u>coronary artery thrombosis</u>		DUE TO (b) <u>chronic auricular fibrillation</u>		DUE TO (c) <u>prolonged recumbency</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture of left hip</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>patient fell at home</u>		20c. TIME OF INJURY Hour <u>8</u> a.m. <u> </u> p.m. <u>4-8-58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u>Bevier</u> COUNTY <u>Macon</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>May 6, 1958</u> to <u>May 5, 1958</u> and last saw her alive on <u>May 5, 1958</u> . Death occurred at <u>5-8-58</u> <u>4</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>L. L. Durden</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>5-16-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/16-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazel Del Curo</u>		23d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>5/17/58</u>		26. REGISTRAR'S SIGNATURE <u>Walter McCreely</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Date Filed 5.20.58

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 *J. S. Edwards*

Licensed Embalmer No. 1961
P. O. Address *R. W. W. W. W. W.*

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.