

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019176

STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 133

300

1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hayti
c. FULL NAME OF DECEASED (If not in hospital, give location) Pemiscot county Rest Home		Length of stay in lb 10 yrs.	d. STREET ADDRESS (If outside, give location) Rt. 1, Hayti
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Mc Clellan		4. DATE OF DEATH Month Day Year 5-11-1958	
5. SEX Male	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 Jan. 5, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black Smith		10b. KIND OF BUSINESS OR INDUSTRY Shopr	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William A. Mc Clellan		13b. MOTHER'S MAIDEN NAME Mag Oliver	14. NAME OF HUSBAND OR WIFE Mrs. W. H. Mc Clellan
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. None	17. INFORMANT Address Dewey Randolph, Hayti, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Severe Arteriosclerosis DUE TO (b) & attendant Mental Deterioration & Debility DUE TO (c) 4500 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 9-19-57 to 5-8-58 and last saw him alive on 5-8-58 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Ink or title) John W. German MD		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 5/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn	23d. LOCATION (City, town, or county) (State) Hayti, Missouri.
24. FUNERAL DIRECTOR ADDRESS John W. German, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 5-28-58	26. REGISTRAR'S SIGNATURE John W. German

6-165-58

JUN 9 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE, PHONE 79,
CARUTHERSVILLE, MO.

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

Licensed Embalmer No.....

P. O. Address.....

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.