

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021308

STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 28

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Plattsburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. Frost</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>E. Frost</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dallas Pickett McClelland</u>			4. DATE OF DEATH Month Day Year <u>July 1 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 31 1909</u>		9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>		11. BIRTHPLACE (City and state or country) <u>Stewartsville Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John McClelland</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Livingston</u>	
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) <u>yes WWI: I</u>		16. SOCIAL SECURITY NO. <u>909-09-6471</u>	
17. INFORMANT <u>John McClelland</u>		Address <u>Plattsburg, Mo.</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>INSTANTANEOUS</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GUNSHOT WOUND IN FOREHEAD</u>					976X
DUE TO (b) " " " "					
DUE TO (c) " " " "					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Single .22 Rifle pot to forehead</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Plattsburg</u>	
				COUNTY STATE <u>Clinton, Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on _____ Death occurred at <u>3:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ed Wynn, D.O. CORONER</u>			22b. ADDRESS <u>Lark 1907, Mo.</u>		22c. DATE SIGNED <u>7-1-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 2 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Clinton County Mo.</u>	
24. FUNERAL DIRECTOR <u>Lyon Funeral Home Inc. Plattsburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>July 1-1958</u>		26. REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Other causes, etc., may be listed. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 16 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frederic E. Cox*

Licensed Embalmer No. *4993*
P. O. Address *Stambridge*

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.