

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029873
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 2 874 Primary Registration District No. 3052 Registrar's No. 338

S. 300
v. 1-57
0

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Otterville</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hosp</i>		Length of stay in 1b <i>1 Week</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>George T. McClammer</i>			4. DATE OF DEATH Month Day Year <i>Aug. 18, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 19, 1889</i>
9. AGE (In years ^{or} UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <i>69</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Liquor Store</i>		11. BIRTHPLACE (City and state or country) <i>Thomasville, Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>John McClammer</i>	
13b. MOTHER'S MAIDEN NAME <i>Cecelynn Hull</i>		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) <i>yes WW I</i>		16. SOCIAL SECURITY NO. <i>486-12-3415</i>	
17. INFORMANT <i>Betty Bane</i>		Address <i>508 So. Summit</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN DEATH AND BIRTH <i>69</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ante-natalic C-V Disease</i>			
DUE TO (c) <i>4521</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pneumonia, liver, chronic alcoholism</i>			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 <i>8-13-58</i> to <i>8-18-58</i> and last saw him alive on <i>8-17-58</i> Death occurred at <i>1:25 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. J. Siegel MD</i>		22b. ADDRESS <i>Smithton Mo</i>	
22c. DATE SIGNED <i>8/18/58</i>			
23a. BURIAL OR CREMATION REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug. 20, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>City Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Jayette Mo</i>	
24. FUNERAL DIRECTOR <i>M. Laughlin Bros - Sedalia</i>		25. DATE RECD. BY LOCAL REG. <i>Aug 18, 1958</i>	
ADDRESS		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

AUG 26 1958

SEP 17 1958

AUG 26 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 *K.P.M. Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sadalia, 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.