

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032211

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 99

Primary Registration District No. 4166

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weatherby		c. CITY OR TOWN Weatherby	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) in town	
3. NAME OF DECEASED (Type or print) First Ethel Middle Blanche Last McClelland		4. DATE OF DEATH Month 9- Day 30 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-31-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Mo
13a. FATHER'S NAME W.A. Daniel		13b. MOTHER'S MAIDEN NAME Alice Milligan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Frank McClelland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia.		INTERVAL BETWEEN ONSET AND DEATH 2 years-0 or more	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2044			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis deformans		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Winston, Mo.		COUNTY _____ STATE _____	
21. I attended the deceased from Oct 1956 to Sept. 29, 1958 and last saw her alive on Sept 29. 58 Death occurred at _____ a _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frederick Wilson MD (Degree or title)		22b. ADDRESS Winston, Mo.	
22c. DATE SIGNED 9/30/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-2-58	23c. NAME OF CEMETERY OR CREMATORY Amity	23d. LOCATION (City, town, or county) (State) Amity Mo.
24. FUNERAL DIRECTOR John Brown	ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. 10-13-58	26. REGISTRAR'S SIGNATURE Kenneth D. Davidson

(Licensed Embolmer's Statement on Reverse Side)

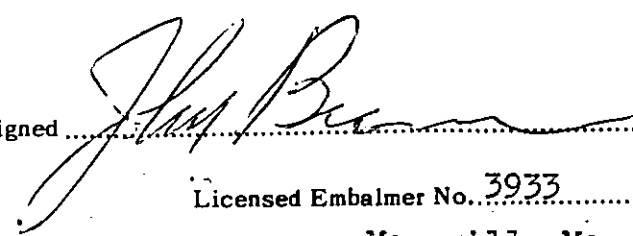
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 3933

P. O. Address Maysville 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.