

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13-000168
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 13

300
-57

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville,		c. CITY OR TOWN Glen Allen 0090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		d. STREET ADDRESS RR-1 (If outside, give location)	
Length of stay in 1b 13 mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle VICTORIA Last McClendon			4. DATE OF DEATH Month Jan. Day 15 Year 1959		
5. SEX FM	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bollinger County	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Thomas J. Pridy	13b. MOTHER'S MAIDEN NAME Betty McKennis	14. NAME OF HUSBAND OR WIFE Homer B. McClendon
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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 Mrs. Edgar Harold Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary Paralysis		INTERVAL BETWEEN ONSET AND DEATH acute 1 day Chronic
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage	
	DUE TO (c) Arteriosclerosis	
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 Glen Allen	COUNTY Bollinger	STATE Missouri
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21. I attended the deceased from June 1957 , to Jan. 15, 1958 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		21b. I last saw her Jan. 15, 1958
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22a. SIGNATURE H. J. Freitas (Degree or title)	22b. ADDRESS P.O. Lutesville, Mo.	22c. DATE SIGNED 1-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/17/58	23c. NAME OF CEMETERY OR CREMATORY Glen Allen Cemetery	23d. LOCATION (City, town, or county) Glen Allen	(State) Missouri
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24. FUNERAL DIRECTOR Gene Ward ADDRESS Lutesville Mo	25. DATE RECD. BY LOCAL REG. 1-19-59	26. REGISTRAR'S SIGNATURE Mrs Buford Crader
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. O. Laine*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.