

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006042  
STATE FILE NUMBER

FILED FEB 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 44

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>Prairie Township</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cedar Croft Home</b>		d. STREET ADDRESS (If outside, give location) <b>7224 Sycamore</b>	
Length of stay in lb <b>2 years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>John M. McClelland</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>11</b> Year <b>1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 11, 1867</b>	9. AGE (In years at birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (City and state or country) <b>Pike County, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William McClelland</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Tull</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia May McClelland</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-16-5485</b>	17. INFORMANT <b>Roger McClelland</b> Address <b>7224 Sycamor K. C., Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized Arterio-sclerosis</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) <b>4200</b>		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 <b>4:00 A.</b> Month, Day, Year a.m. p.m.	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 <b>Nelson, Missouri</b>		20g. COUNTY <b>Missouri</b>

21. I attended the deceased from <b>Jan 15-57</b> to <b>Feb 11-59</b> and last saw him alive on <b>Feb 10-59</b> Death occurred at <b>4:00 A.</b> m of the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Thos Japer M.D.</b> (Degree or title)	22b. ADDRESS <b>Lee Summit, Mo</b>	22c. DATE SIGNED <b>2-11-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>2/13/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nelson Cemetery</b>	23d. LOCATION (City, town, or county) <b>Nelson, Missouri</b>
24. FUNERAL DIRECTOR <b>Earp &amp; Sons 4707 Truman Rd. K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-12-1959</b>	26. REGISTRAR'S SIGNATURE <b>A.B. Lutzford</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *James W. Corp* .....  
Licensed Embalmer No. *4622* .....  
P. O. Address *Bel., 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. . . .