

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010192  
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 2-12 Primary Registration District No. 3044 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldon
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 N. Franklin		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 103 N. Franklin
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN EDWARD McCLENNON			4. DATE OF DEATH Month Day Year Mar. 10, 1959		
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1883	9. AGE (In years) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret R. H. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Rock Island Ry.	11. BIRTHPLACE (City and state or country) Gray Summit, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William D. McClennon		13b. MOTHER'S MAIDEN NAME Augusta Berthold		14. NAME OF HUSBAND OR WIFE Anna Lynch McClennon	
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. Unavailable	17. INFORMANT Address Mrs. J.E. McClennon Eldon, Mo.		

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>Acute Circulatory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>3/11/59 to 3/10/59</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Bronchopneumonia</i>	
	DUE TO (c) <i>Prolonged Debilitation and</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Atherosclerosis</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE

21. I attended the deceased from 9-11-52 to 3-10-59 and last saw <sup>her</sup> <sub>him</sub> alive on 3-10-59  
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert O. Wonderly</i>	(Degree or title) 2	22b. ADDRESS <i>Eldon, Mo.</i>	22c. DATE SIGNED <i>3-11-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) (State) Eldon, Mo.
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24. FUNERAL DIRECTOR Louis D. Phillips	ADDRESS Eldon	25. DATE RECD. BY LOCAL REG. Mar. 12, 1959	26. REGISTRAR'S SIGNATURE <i>Oliveretta Waltz</i>
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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.

JUL 8 1958

MAY 7 1959

VS APR 2 1959

Embalmer  
Health Department

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 *Louis D. Sullivan*

Licensed Embalmer No. 3663

P. O. Address Aldon

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.