

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018387

FILED VS MAY 23 1960 37

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia	Length of stay in 1b 3 mo	c. CITY OR TOWN Centralia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way Nursing Home	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Singleton	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Frank Last McClymond	4. DATE OF DEATH Month May Day 17 Year 1960
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kittanning, Pa.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Chas. Benjamin McClymond	13b. MOTHER'S MAIDEN NAME Margaret Sturgeon	14. NAME OF HUSBAND OR WIFE May Wilbur (deceased)
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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. No	17. INFORMANT Lee McClymond, Topeka, Kas.
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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:		INTERVAL BETWEEN ONSET AND DEATH 18 Mo. 1/2 to 1 year
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Carcinoma of Lung	
DUE TO (b)	Metastases from face & left eye.	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Renal Syndrome - years	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m. 	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from **4-16-56** to **5-17-60** and last saw him alive on **5-16-60**
Death occurred at **1:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE POBaker DO	(Degree or title)	22b. ADDRESS Centralia MO	22c. DATE SIGNED 5-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) Centralia, Mo.	(State)
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24. GENERAL DIRECTOR Edw. J. Madon Centralia, Missouri	25. DATE RECD. BY LOCAL REG. May 19, 1960	26. REGISTRAR'S SIGNATURE Maud M^{rs} Bride
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 24 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4870

P.O. Address _____

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.