RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 133

60-023551
STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Length of stay in 1b: 3 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCunee Brooks Hosp. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jasper
c. CITY OR TOWN Rural — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rt. 2 Jasper — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Tammy Middle Sue Last McClanahan
4. DATE OF DEATH: Month June Day 19, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-17-58
9. AGE (last birthday): 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jerry McClanahan
13b. MOTHER'S MAIDEN NAME: Betty McReynolds
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Jerry McClanahan Address: Rt. 2 Jasper, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Severe crushing and lacerating injury of right wrist and hand — 2½ hrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Caught arm in belt of combine
20c. TIME OF INJURY: Hour 5 p.m. Month, Day, Year 6-19-60
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
20f. CITY, TOWN, OR LOCATION: Jasper Rt#2 COUNTY: Jasper STATE: Mo.

BY AFFIDAVIT OF

21. I attended the deceased from 6/19/60 to 6/19/60 and last saw her/him alive on 6/19/60
Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles H. Schell (Degree or title) M.D.
22b. ADDRESS: Carthage, Mo.
22c. DATE SIGNED: 6-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-21-60
23c. NAME OF CEMETERY OR CREMATORY: Friends Cemetery
23d. LOCATION (City, town, or county) (State): Purcell, Missouri
24. FUNERAL DIRECTOR: Johnston-Simpson Mortuary ADDRESS: Webb City, Missouri
25. DATE RECD. BY LOCAL REG.: 6-21-60
26. REGISTRAR'S SIGNATURE: Elf Clenton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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 _____ Signed Clayton M. Johnst

Signature of Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.