

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005414

FILED VS MAR 1 1961

Registration District No. 19699 Primary Registration District No. 1002 Registrar's No. 776 STATE FILE NUMBER

AMENDED

DATE AMENDED: 3-8-62, 3-8-63, 3-8-63
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 INSTEAD OF: Frank Ellis
 SHOULD READ: 18a Hypertensive cardiovascular disease
 18b Heart Disease due to hypoxia pulmonary congestion & failure
 BY AFFIDAVIT OF: Attending physician DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson</u>		Length of stay in lb <u>23yrs</u>	c. CITY OR TOWN <u>Jackson</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1609 A.E. 12th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Opal</u> Last <u>McClanahan</u>			4. DATE OF DEATH Month <u>2</u> Day <u>11</u> Year <u>61</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-10-15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>	9. AGE (last birthday) <u>45</u> 11. BIRTHPLACE (City and state or country) <u>Harrisonville, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Albert Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob McClanahan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>745X</u>	17. INFORMANT Address <u>Sarah Thomas 3843 Garfield</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cor submalle</u> DUE TO (b) <u>Rt. Congestive H. Failure</u> DUE TO (c) <u>Pulmonary atelectasis</u> of chest Kyphosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>745X</u> 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <u>1-27-1961</u> to <u>2-11-1961</u> and last saw her alive on <u>2-11-1961</u> Death occurred at <u>7:51 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Ellis</u>		22b. ADDRESS <u>2400 Perry - City</u>	22c. DATE SIGNED <u>2/11/1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2-16-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Watkins Bros. Funeral Home 18th Benton</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

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 Bruce Q. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st Barton

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.