MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1503 — 61-006704 STATE FILE NUMBER

FILED VS FEB 28 1961

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 5mo +
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Our Lady of Prepetual Care Nursing Home — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8605 S Broadway — Reside on Farm Yes ☐ No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: St Louis — Inside Limits Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Clarence Middle: J Last: McMullen
4. DATE OF DEATH: Month 2 Day 14 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-3-1891
9. AGE (last birthday): 69
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): Store Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): Columbiam Illinois
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Charles P McMullen
13b. MOTHER'S MAIDEN NAME: Mary Nolan
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Hugh McMullen Address: 512 N Metter Columbia, Illinios

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): Carcinoma of the Lung (Squamous cell) — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma
DUE TO (c): 163x
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 ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec. 21, 1959, to Feb. 14, 1961 and last saw her/him alive on Feb. 13, 1961
Death occurred at 12.05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature], MD (Degree or title) M.D.
22b. ADDRESS: 4145 a S. Grand Blvd.
22c. DATE SIGNED: 2.14.61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-17-1961
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
23d. LOCATION (City, town, or county) (State): Columbia, Ill- Monroe County
24. FUNERAL DIRECTOR: Schmidt Funeral Home ADDRESS: 218 S Metter Columbia, Ill
25. DATE RECD. BY LOCAL REG.: FEB 14 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Josephine Schmidt

Licensed Embalmer No. 7075

P. O. Address Columbus Illinois

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