SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012354
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 32

FILED MAR 2 1 1961

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) or TOWN Nevada
Length of stay in 1b 3 yrs 7 mo 6 days
c. CITY OR TOWN Jasper
Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Route #1 (If outside, give location)
Reside on Farm Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

3. NAME OF DECEASED (Type or print) First Zella Middle Last McClintock
4. DATE OF DEATH Month March Day 9 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/20/1894
9. AGE (last birthday) 67
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Centerville, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charley Wright
13b. MOTHER'S MAIDEN NAME Ella Taflinger
14. NAME OF HUSBAND OR WIFE Charles McClintock
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. Unknown
17. INFORMANT Hospital Records Address Nevada, 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) Arterio Sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 ☒
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 9/3/59, to 3/9/61 and last saw her/him alive on
Death occurred at 1:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. C. Bradley M.D. (Degree or title)
22b. ADDRESS State Hospital #3 Nevada Mo
22c. DATE SIGNED 3/9/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-61
23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery
23d. LOCATION (City, town, or county) (State) Jasper County, Missouri
24. FUNERAL DIRECTOR Martin Selvey ADDRESS Jasper, Mo.
25. DATE RECD. BY LOCAL REG. 3-16-1961
26. REGISTRAR'S SIGNATURE Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

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

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, Mo

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.