# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026198
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 255

FILED AUG 14 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in Ib: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2409 Woodlawn Dr. N — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EARLE Middle: H. Last: McCLUHAN
4. DATE OF DEATH Month: Aug. Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-24-1888
9. AGE (last birthday): 73 — 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): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (City and state or country): Triplett, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Scott McCluhan
13b. MOTHER'S MAIDEN NAME: Laura Huston
14. NAME OF HUSBAND OR WIFE: Mrs. Emma McCluhan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Earle McCluhan, Address: Sedalia, Mo. 2409 Woodlawn Dr. N.

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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease mitral stenosis — 3 yrs
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 ☐
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 23 June 1958, to 8 August 1961 I last saw him alive on 8 Aug 61
Death occurred at 6:35 Pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Glenn A. Walker (Degree or title) D.O.
22b. ADDRESS 400 W. 4th, Sedalia
22c. DATE SIGNED 8/9/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 10, 1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri
24. FUNERAL DIRECTOR: D.W. Heckart, Gillespie Funeral Home — ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 8-10-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

AUG 21 1961

**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 D W Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.