

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028935

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 801

STATE FILE NUMBER

FILED SEP 5 1961

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>                  |  | Length of stay in 1b   | c. CITY OR TOWN <b>SPRINGFIELD</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1625 Benton Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>SALLIE</b> Middle <b>J.</b> Last <b>McLELLAND</b> |  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>25</b> Year <b>1961</b> |  |  |  |
|---|--|--|--|--|--|--|

|                         |                                  |   |                                      |                                     |   |                |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 1870</b> | 9. AGE (last birthday)<br><b>91</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Kentucky</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><b>UNKNOWN</b> | 13b. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b> |
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|   |                                      |   |
|---|--------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>No</b> | 17. INFORMANT <b>GrandDaughter</b> Address <b>1453 S. Fairway Mrs. Roland Langston Springfield, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 min</b> |
| IMMEDIATE CAUSE (a) <b>Myocarditis, acute</b>   |  |   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (b) <b>Arterio Sclerotic Heart Disease</b> |  |   |
| DUE TO (c)  |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fracture, neck of left Humerus 8/18/61</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.)<br><b>Fall down at Home 8/18/61</b> |
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| 20c. TIME OF INJURY<br><b>8:00 a.m. 8/18/61</b> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 20e. CITY, TOWN, OR LOCATION<br><b>Springfield Greene Mo.</b> |
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|   |   |   |
|---|---|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 20f. CITY, TOWN, OR LOCATION<br><b>Springfield Greene Mo.</b> |
|---|---|---|

21. I attended the deceased from **8/18/61** to **8/25/61** and last saw <sup>her</sup> <sub>him</sub> alive on **8/22/61**  
Death occurred at **6:15** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE<br><b>James D. Horton M.D.</b> | 22b. ADDRESS<br><b>609 Cherry SPRINGFIELD MO.</b> | 22c. DATE SIGNED<br><b>8/28/61</b> |
|---|---|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>8/28/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Park Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Springfield, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>8-20-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Eggie B. Nelson</b> |
|--|--|---|

jhc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ogle Stone Jr  
Licensed Embalmer No. 4116

P. O. Address SPRINGFIELD

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.