

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000722

STATE FILE NUMBER

AMENDED

Registration District No. 68 Primary Registration District No. 5258 Registrar's No. 5

FILED FEB 14 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rogersville		Length of stay in 1b		c. CITY OR TOWN Rogersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. # 1
3. NAME OF DECEASED (Type or print) First KEVIN Middle LEON Last MCCLELLAN			4. DATE OF DEATH Month February Day 1 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-21-58	9. AGE (last birthday) 3	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA		10b. KIND OF BUSINESS OR INDUSTRY NA		11. BIRTHPLACE (City and state or country) Springfield, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Chesley McClellan		13b. MOTHER'S MAIDEN NAME Shirley Gordon	
14. NAME OF HUSBAND OR WIFE NA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NA		16. SOCIAL SECURITY NO. NA	
17. INFORMANT Chesley McClellan, Rogersville, Mo		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning					INTERVAL BETWEEN ONSET AND DEATH Instant
DUE TO (b) wandered into pool of water on a branch					
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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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.) Child wandered into pool of water			
20c. TIME OF INJURY 7:00	Hour 7:00 Month, Day, Year 2-1-1962				
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.) near home	20f. CITY, TOWN, OR LOCATION Rt. #1, Rogersville		COUNTY Christian	STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at approx 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Alan Harris			22b. ADDRESS Christian Co. Clever, Mo.		22c. DATE SIGNED 2-2-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-4-62	23c. NAME OF CEMETERY OR CREMATORY Stockton Cemetery		23d. LOCATION (City, town, or county) (State) Stockton, Mo.	
24. FUNERAL DIRECTOR Kelley Ferrell, Rogersville, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 6, 1962		26. REGISTRAR'S SIGNATURE Mary Kaufman

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 Mr. K. Terrell

Licensed Embalmer No. 4910
P. O. Address Rogersville, 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.