MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Dr. Park

-62-010530
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397
20397
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

USE BLACK INK OR TYPEWRITER RIBBON

W.I. Park M.D.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 507

FILED APR 2 1962

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 61 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 648 S. DOLLISON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First NELL Middle Last McCLERNON
4. DATE OF DEATH: Month MARCH Day 27 Year 1962
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH 3/11/90
9. AGE (last birthday) 72 — 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) HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) LEBANON, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM RYAN
13b. MOTHER'S MAIDEN NAME ELLEN O'MELIA
14. NAME OF HUSBAND OR WIFE JOHN McCLERNON (DEC.)
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. NO
17. INFORMANT MRS. EVERETT ESLINGER, SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarction; Acute, due
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) to Arteriosclerotic Coronary Thrombosis
DUE TO (c) Hypertensive Cardio-Vascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Paroxysmal atrial Fibrillation
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] 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.) NONE
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year NONE
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 1951, to 3-27-62 and last saw her alive on 3-27-62
Death occurred at 10:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.I. Park, M.D. (Degree or title)
22b. ADDRESS 609 Cherry, Springfield Mo
22c. DATE SIGNED 3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3/30/62
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME — ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 3-29-62
26. REGISTRAR'S SIGNATURE Effie S. Meeton

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1962

Permit issued 3-29-62

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_____ Signed H L McCann

Signature of Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Spfld 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.