

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045670

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 123

FILED DEC 13 1962

VS 300
Rev. 4/59

107.0

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DATE AMENDED
12/28/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
1/18/62

SHOULD READ
1/18/86

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Summersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Mem. Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First William Middle McClellan Last McClellan		4. DATE OF DEATH Month November Day 23 Year 1962	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/6286
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 76 Days	IF UNDER 24 HR Hours 76 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Montier, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Riley McClellan	
13b. MOTHER'S MAIDEN NAME Nancy Little		14. NAME OF HUSBAND OR WIFE Pearl McClellan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Pearl McClellan		Address Summersville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH a few hrs.
DUE TO (b) Myocardial Infarction - new			10 days
DUE TO (c) arteriosclerotic Valvular Heart Disease			Summersville
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis - Hypertrophic Arthritis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour 9:45 a.m. Month, Day, Year Nov 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Summersville, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1960 to Nov 1962 and last saw ^{her} him alive on Nov 23-1962 Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Davere Hampton Do.		22b. ADDRESS Summersville Mo	
22c. DATE SIGNED 12/7/62		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/26/62	23c. NAME OF CEMETERY OR CREMATORY Summersville Cemetery	23d. LOCATION (City, town, or county) Summersville, Missouri
24. FUNERAL DIRECTOR Buncan Funeral Home		ADDRESS Mtn. View, Mo.	
25. DATE RECD. BY LOCAL REG. Dec. 11-62		26. REGISTRAR'S SIGNATURE Myrtie Craig	

USE BLACK INK OR TYPEWRITER RIBBON

To Doctor 4:30 P.M. 11/24/62

Rec'd from Dr. 10:30 A.M. 12/11/62

To Local Registrar 11:A.M. 12/11/62

--- rec'd 4:00 P.M. 12-11-62

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 _____

Signature of Student Embalmer

Signed

Charles D. Carter

Licensed Embalmer No. 5107

P. O. Address Wm. Lewis, 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.

RECEIVED
STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY
ST. LOUIS, MISSOURI
NOV 24 1962
REV