

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-024457

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 189 Primary Registration District No. 002 Registrar's No. 3054 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF F. F. WELLS

FILED JUN 17 1963		1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 17yrs		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2442 Tracy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle McClendon Last McClendon			4. DATE OF DEATH Month 5 Day 28 Year 63		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1897	9. AGE (last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitor		10b. KIND OF BUSINESS OR INDUSTRY Modern Arts	11. BIRTHPLACE (City and state or country) Ft. Smith, Ark.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Melton McClendon		13b. MOTHER'S MAIDEN NAME Miriam Hayes		14. NAME OF HUSBAND OR WIFE Rebecca McClendon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Rebecca McClendon 2442 Tracy	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
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"/> 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 _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from April 17, 1963 to May 28, 1963 and last saw her alive on May 28, 1963 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. F. Wells M.D.			22b. ADDRESS 2628 + road		22c. DATE SIGNED 5-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1, 1963	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) Kansas City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th Benton		25. DATE RECD. BY LOCAL REG. 5-29-63	26. REGISTRAR'S SIGNATURE Ruth Long		

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 Bruce A. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st Ave Benton

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.

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