

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21163**

No. 300
10. 48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 23 1953		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4471</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY OR TOWN <u>Clarksdale</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Clarksdale</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>			b. (Middle) <u>Lee</u>			c. (Last) <u>McCLANAHAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1953</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>JUNE 6 1922</u>		9. AGE (In years last birthday) <u>30</u> 11 <u>22</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Forrest L. Guinn</u>		13b. MOTHER'S MAIDEN NAME <u>Neva McWilliams</u>		14. NAME OF HUSBAND OR WIFE <u>John R. McClanahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-22-6057</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Guinn</u> ADDRESS <u>Clarksdale Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 27</u> , 19 <u>53</u> , to <u>May 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>53</u> , and that death occurred at <u>6:30 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. King, M.D.</u> (Degree or title)				23b. ADDRESS <u>Starksdale Mo.</u>		23c. DATE SIGNED <u>5-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb County MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-15-53</u>		REGISTRAR'S SIGNATURE <u>Loose Nardmore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u>		ADDRESS <u>Plattsburg MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

1954 FEB 3

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 _____
Student Embalmer

Signed _____

Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Me.

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 this body is not embalmed, fact should be so stated above.