No. 300
10.48

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17034

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 17 E. School Street 694/0

3. NAME OF DECEASED (Type or Print): a. (First) Sam b. (Middle) V. c. (Last) McClintock

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 6 1886
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months: 3 Days: 22 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Auto Industry
11. BIRTHPLACE (City and State or Foreign Country): Near Farmington, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Tom McClintock
13b. MOTHER'S MAIDEN NAME: Lue Bayless
14. NAME OF HUSBAND OR WIFE: Mary McClintock

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.: 494-07-9973
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary McClintock Bonne Terre, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

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: 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, *1954, to* May 28, *1954, that I last saw the deceased alive on* May 28, *1954, and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred Mueller MD
23b. ADDRESS: 33 N. Allen, Bonne Terre, Mo.
23c. DATE SIGNED: 6/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/54
24c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel
24d. LOCATION (City, town, or county) (State): Near Bonne Terre, Mo.

DATE REC'D BY LOCAL REG.: June 1, 1954
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Z. Boyer & Son Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. F. Sayer

Licensed Embalmer No. 36

P. O. Address Wedlage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.