

CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2365

DO NOT WRITE ON THIS STUB

XX
VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>ROY WILBUR McCLANAHAN</u>					2. <u>Male</u>	3. <u>May 31, 1971</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>65</u>	5b. <u>30</u>	5c. <u>31</u>	6. <u>August 22, 1905</u>		7a. <u>St. Louis</u>
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <u>Kirkwood</u>				7c. <u>Yes</u>	7d. <u>St. Joseph's Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>		9. <u>USA</u>		10. <u>Widowed</u>		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>488-12-3827</u>		13a. <u>Excavating contractor</u>		13b. <u>Pres. McClanahan Brox. Exca. Co.</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Missouri</u>		14b. <u>St. Louis</u>	14c. <u>Kirkwood</u>		14d. <u>Yes</u>	14e. <u>637 Chelsea</u>	

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. <u>George</u>				<u>McClanahan</u>	16.				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. <u>Roy F. McClanahan, Jr.</u>				17b. <u>735 Fuhrmann Terr., Glendale, Missouri</u>					

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <u>Complete heart block</u>		DUE TO, OR AS A CONSEQUENCE OF:		<u>2 hrs.</u>
(b) <u>Acute myocardial infarct</u>		DUE TO, OR AS A CONSEQUENCE OF:		<u>2 hrs.</u>
(c) <u>Arteriosclerotic heart disease</u>				<u>15 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. <u>Previous myocardial infarcts (1956 & 5/15/71)</u>				19a. <u>No</u>	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.	20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		

CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	1 DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		<u>March 15, 1971</u>	<u>TO</u>	<u>May 31, 1971</u>	<u>May 31, 1971</u>	<u>May 31, 1971</u>	<u>did</u>	21b. <u>did</u>	21c. <u>8:50a.</u>	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH	DAY	YEAR	HOUR	
22a.		22b.		22c.		22d.		22e.		22f.

CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>G. Robert Bowles, M.D.</u>		23b. <u>G. Robert Bowles, M.D.</u>		23c.	23d.
MAILING ADDRESS—CERTIFIER					
23e. <u>135 W. Adams, Kirkwood, Missouri 63122</u>					

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	
24a. <u>removal</u>	24b. <u>Evangelical Ch. Cem.</u>	24c. <u>Holstein, Missouri</u>			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			
24d. <u>June 2, 1971</u>		24e. <u>Pfztinger Mort., 331 S. Kirkwood Rd., Kirkwood, Missouri 63122</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a.		25b. <u>Heidi K. ...</u>		25c. <u>June 17, 1971</u>	

9. 0
10a. 65
10b. 44
11. 0
12. 2
13. 4109
14. 4
15. 4
16. 4003
17. 0
18. 0
19. CREDITS
20.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.