

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018813

STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY 2169		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 67			Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) 3639 S COMPTON	
3. NAME OF DECEASED (Type or print) First DANIEL Middle B. Last McCLANAHAN			4. DATE OF DEATH Month MAY Day 12 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC 9 1885	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARK DEPT. CITY		10b. KIND OF BUSINESS OR INDUSTRY CITY	11. BIRTHPLACE (City and state or country) BONNE TERRE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN A. McCLANAHAN			14. MOTHER'S MAIDEN NAME MAHARIE DUDLEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT BETTY McCLANAHAN ST LOUIS MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRAUMA Due to Auto Accident					INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____				
	DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Two CAR Accident.				
20c. TIME OF INJURY 4:00 p.m. 5/13/58					
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.) Highway 67	20f. CITY, TOWN, OR LOCATION Valle Twp. Jeff. MO	COUNTY JEFF.	STATE MO	
21. I attended the deceased from Inquest. to _____ and last saw ^{her} him alive on _____ Death occurred at 4:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James C. [Signature] (Degree or title)			22b. ADDRESS St. Louis, MO.		22c. DATE SIGNED 5/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/15/58	23c. NAME OF CEMETERY OR CREMATORY WOODHUN		23d. LOCATION (City, town, or county) (State) LEADINGTON, MO	
24. FUNERAL DIRECTOR BOYER FUNERAL HOME, DES MOINES, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. May 17-1958	26. REGISTRAR'S SIGNATURE Marie Harris	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Illnesses in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service, 300-56

0500

X

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
MAY 20 1958

MAY 22 1958
MAY 26 1958

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 *Daniel J. Maher*

Licensed Embalmer No. *43*

P. O. Address *Be. So. To.*

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