

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

State File No. **37356**

3. No. 300
v. 10-48 **FILED OCT 17 1952**

REG. DIST. NO. **333**

PRIMARY REG. DIST. NO. **3074**

Registrar's No. **192**

10030

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

| | | | | | | | |
|---|---|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 333 | | PRIMARY REG. DIST. NO. 3074 | | Registrar's No. 192 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Scott | | b. STATE Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) Bell City | | d. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) Sikeston | | c. LENGTH OF STAY (in this place) 7 1/2 Days | | c. CITY (If outside corporate limits, write RURAL and give township) Bell City | | d. STREET ADDRESS (If rural, give location) Route 1 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp. | | | | d. STREET ADDRESS (If rural, give location) Route 1 | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) Rex | b. (Middle) Kennek | c. (Last) McClanahan | (Month) 9 | (Day) 30 | (Year) 1952 | | |
| (Type or Print) | | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10-30-1877 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours |
| | | | | | | | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) Randolph Co., Ill! | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William McClanahan | | 13b. MOTHER'S MAIDEN NAME Julia Godair | | 14. NAME OF HUSBAND OR WIFE Ida May Holloway | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Harry McClanahan | | | |
| | | | | ADDRESS Bell City, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | | | | 7 days |
| | | ANTECEDENT CAUSES DUED TO (b) Generalized arteriosclerosis | | | | | |
| | | DUED TO (c) Femoral thrombosis with gangrene rt. leg. | | | | | |
| | | 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 332X | | | | 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) m. | | 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>9-15, 1952</u>, to <u>9-30, 1952</u>; that I last saw the deceased alive on <u>9-30, 1952</u>, and that death occurred at <u>10:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) E. D. Urban M.D. | | | | 23b. ADDRESS Sikeston | | 23c. DATE SIGNED 10-2-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-2-52 | 24c. NAME OF CEMETERY OR CREMATORY Morley cemetery | | 24d. LOCATION (City, town, or county) (State) Morley, Mo. | | |
| DATE REC'D BY LOCAL REG. 10-6-52 | | REGISTRAR'S SIGNATURE Mrs. Ella Hunter | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun. Ser. Bloomfield, Mo. | | | |
| | | | | ADDRESS | | | |

RECEIVED OCT 13 1959
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1652-288

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter Marshall Waters

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo.

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.