

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22209

FILED JUL 1 1949

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>STE GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RURAL UNION</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>	0
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>NEAR FARMINGTON</u>	

3. NAME OF DECEASED (First) MAHALA (Middle) ANGELICA (Last) McCLANAHAN (Month) JUNE (Day) 21 (Year) 1949
(Type of Print) DEATH

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAR. 25 1864 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done through most of working life, even if retired) Retired Farmer's wife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Doniphan Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DUDLEY 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE JOHN A. McCLANAHAN

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. No 17. INFORMANT'S SIGNATURE OR NAME HENRY McCLANAHAN ADDRESS FARMINGTON

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, asthma, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia
ANECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic hypertension
DUE TO (c) Chronic arthritis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
3 mo.
15 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 June 19 1949 to June 21, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. W. Stanfield (Degree or title) DO 23b. ADDRESS Farmington Mo 23c. DATE SIGNED 6/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-23-49 24c. NAME OF CEMETERY OR CREMATORY LAWSON 24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON Mo

DATE RECD BY LOCAL REG. June 24 1949 REGISTRAR'S SIGNATURE L. D. Karl for Teresa M. Karl 25. FUNERAL DIRECTOR'S SIGNATURE C. Cozian ADDRESS Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

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

75
00

RECEIVED 6-27-49

District Health Officer No. 4

District File Number 649-833

Date Filed.....

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.