S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32120

FILED OCT 9 1953

BIRTH NO. ____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 1417 Appleton St.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) [illegible] c. (Last) Mc Clenahan

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 5, 1869

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 5, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. ~~None~~ Minister

10b. KIND OF BUSINESS OR INDUSTRY: Baptist ~~None~~ Church

11. BIRTHPLACE (State or foreign country): South Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Etta Mc Clenahan

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.: 492-14-0925

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Etta McClenahan 1417 Appleton

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro - Vascular Lesion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal Defect
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: 442 X
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* Sept. 7, 1953, *to* Sept. 10 1953, *that I last saw the deceased alive on* Sept. 10 1953 *and that death occurred at* 2:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Keith M. D.
23b. ADDRESS: 204 Argyle Bldg.
23c. DATE SIGNED: 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 12-53
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem
24d. LOCATION (City, town, or county) (State): Lindsey Mo

DATE REC'D BY LOCAL REG.: 9-11-53
REGISTRAR'S SIGNATURE: M B Langford 483
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Upton L. Kesler Lindsey Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1955

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 Dixon L. Kepley
Licensed Embalmer No. 4225
P. O. Address Sedalia, 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.