

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31494

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>4461</u>		Registrar's No. <u>319</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>			
b. CITY OR TOWN <u>Bismarck</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Francis</u>		9940	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Elis</u>		c. (Last) <u>McClanahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White-Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 5-1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>9</u>		11. DAYS <u>13</u>		12. IF UNDER 1 YEAR: Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		11. BIRTHPLACE (State or foreign country) <u>Cheshire du Rocher</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mr. William McClanahan</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Lodal</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Hood McClanahan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-15-2944</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Maudie Hood McClanahan</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION <u>Coronary embolus</u> <u>Arteriosclerotic Cardiovascular Disease</u> <u>Prev. history of Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>Unknown</u> <u>11 mos. & 1</u> <u>10 mos.</u>	
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) 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 <u>Jan</u> , 19 <u>50</u> , to <u>Sept. 18, 1950</u> , that I last saw the deceased alive on <u>Sept. 14, 1950</u> , and that death occurred at <u>3:50 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Foster</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Francis</u>		23c. DATE SIGNED <u>9-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept. 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pigg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jarlington R. F. D. No. 2 - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>			
				ADDRESS <u>363 Crane St. St. Francis, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 2 1950

RECEIVED

FEB 21 1951

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Alhambra, Calif.

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.