

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. **11422**

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

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3001		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 5 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				d. STREET ADDRESS (If rural, give location) 903 Woodlawn			
3. NAME OF DECEASED (Type or Print)		a. (First) Clauda		b. (Middle) A.		c. (Last) McNown	
				4. DATE OF DEATH May 1 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 14, 1880		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hailroad Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. McNown		13b. MOTHER'S MAIDEN NAME Catherine Wilson		14. NAME OF HUSBAND OR WIFE Goldie Ann McNown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle M. Snell Mexico, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 May 1, 1949 , to May 1, 1949 , that I last saw the deceased alive on May 1, 1949 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. L. Garcia M.D. (Degree or title)				23b. ADDRESS Mexico Mo		23c. DATE SIGNED May 5 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/49		24c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cemetery Brunswick Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. May 5-1949		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crow Unseed Brunswick			

REC'D 1049

MAY 27 1949

RECEIVED

District Health Officer No.

District File Number 54985

Date Filed MAY 10 1949

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.

Signed _____

Chris Amodeo

Signed _____
Student Embalmer

Licensed Embalmer No. 3569

P. O. Address Meriden, Conn.

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.