

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39995**

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BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Verdon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hauerdorn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>10M-19D</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u> b. (Middle) <u>-</u> c. (Last) <u>McClamney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-7-1913</u>
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Hauerdorn Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>Hauerdorn</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records from Court, West Plains</u> ADDRESS <u>West Plains</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung abscess</u> 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. <u>521X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 checked="" 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>12-23-1948</u> , to <u>11-10-1949</u> , that I last saw the deceased alive on <u>11-9-1949</u> , and that death occurred at <u>12:05 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bunch M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #3</u>	
23c. DATE SIGNED <u>11-10-49</u>			
24a. BURIAL (Specify) _____		24b. DATE <u>Nov. 14, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cem. Nevada, Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>331</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruthann H. Yarnes</u> ADDRESS <u>West Plains</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Messersmith</u> ADDRESS <u>West Plains</u>	

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

RECEIVED

District Health Officer No. 71

District File Number 10-49-1377

Date Filed 11-21-49

STATEMENT BY LICENSED EMBALMER

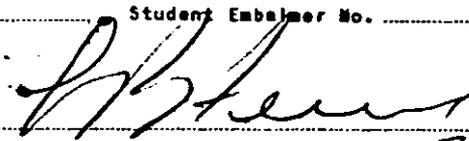
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....



Licensed Embalmer No. 1760

P. O. Address Nevada 718

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.