

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23437**

BIRTH NO. _____ REG. DIST. NO. **5** PRIMARY REG. DIST. NO. **5560** Registrar's No. **17**

460
1

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R#2 Willow Springs		c. CITY—(If outside corporate limits, write RURAL and give township) OR TOWN R#2, Willow Springs	
c. LENGTH-OF-STAY (in this place) 58 Yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Sarah	b. (Middle) Elizabeth		c. (Last) McCLELLAN		July 27, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Newton, Kansas.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Henry Miller	13b. MOTHER'S MAIDEN NAME Sarah Martin	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Kester, R#2, Willow Spgs., Mo.	ADDRESS
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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) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			157X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-20**, 19**50**, to **7/27/50**, 19**50**, that I last saw the deceased alive on **6-15**, 19**50** and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE C.F. Callihan, MD	(Degree of title) M.D.	23b. ADDRESS West Plains, Missouri.	23c. DATE SIGNED 7-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/50.	24c. NAME OF CEMETERY OR CREMATORY Epps Cemetery,	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo. (Rural)
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DATE REC'D BY LOCAL REG. 8/1/50	REGISTRAR'S SIGNATURE M. Ballard 387	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo.	ADDRESS
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-908

Date Filed 8-5-50

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.

Fred W. Barnes

Student
Student Embalmer

Signed Fred W. Barnes,.....

Licensed Embalmer No. 4614.....

P. O. Address Willow Springs, 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.