

FILED AUG 22 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26693

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0422</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hetzl Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. S. of Sedalia 2 mi E of 65</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anne</u> b. (Middle) <u>Mae</u> c. (Last) <u>McClellan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug</u> <u>12</u> <u>1951</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 28, 1886</u>	9. AGE (In years) (last birthday) <u>65</u>	10 UNDER 1 YEAR (Months) <u>1</u>	11 YEAR (Days) <u>14</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mall</u>	14. NAME OF HUSBAND OR WIFE <u>Charles D McClellan</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles D McClellan</u> ADDRESS <u>Mo., no.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>following surgery. Adenoma</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of ovary</u>		

19a. DATE OF OPERATION <u>8-10-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>175K</u>	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 August 7, 1951, to Aug 12, 1951, that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>105 E. Ohio Clinton Mo</u>	23c. DATE SIGNED <u>8-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 15 '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Aug-15-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>423</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Perry</u> ADDRESS <u>Cole Camp Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-21-51

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 \_\_\_\_\_

*Harold Penz*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4097*

P. O. Address *Cole Camp, 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.