

STANDARD CERTIFICATE OF DEATH

State File No. **40343**

FILED DEC 15 1951

REG. DIST. NO. **320³¹⁹** PRIMARY REG. DIST. NO. **6081** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY ste. Genevieve 0950			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Ste. Genevieve		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Union Twp. c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural rural 0950		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) near Farmington 0		
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Ann	c. (Last) McClanahan		4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 9 1885	9. AGE (In years last birthday) 66 If UNDER 1 YEAR Months 2 Days 7 If UNDER 6 WEEKS Hours Mins.
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) St. Francois county Mo U. S. A.	
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME Jerome W. Warren		13b. MOTHER'S MAIDEN NAME Elizabeth Jackson	
14. NAME OF HUSBAND OR WIFE Henry G. McClanahan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Henry McClanahan		ADDRESS Farmington 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease? DUE TO (c) Arteriosclerotic heart disease?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10-15 MIN		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4-200			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE J. H. Roeder, M.D. (Degree or title)			23b. ADDRESS Med. Arts Bldg. Farmington, Mo.		23c. DATE SIGNED 12/1/51
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Dec 1 1951		24c. NAME OF CEMETERY OR CREMATORY Parkview Cem	
24d. LOCATION (City, town, or county) (State) near Farmington Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. H. COZEAN ADDRESS FARMINGTON MO			
DATE REC'D BY LOCAL REG. 12-10-51		REGISTRAR'S SIGNATURE Teresa M. Dahl-Dep			

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

JAN 21 1951
File No.

DISTRICT HEALTH OFFICE No. 4

DEC 11 1951

RECEIVED

DEC 21 1951

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.

Student
Student Embalmer

Signed C. H. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington 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.