

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12999

State File No. ....

1755

No. 300  
10.48

FILED APR 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyn.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Turner, Kansas</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>1000 S. 55th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Donald</u>	b. (Middle) <u>W</u>	c. (Last) <u>McClanahan</u>	4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>16</u>	(Year) <u>52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>	8. DATE OF BIRTH <u>1/19/22</u>	9. AGE (In years less birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas City, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wheeler C. McClanahan</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Munnell</u>	14. NAME OF HUSBAND OR WIFE <u>Louise McClanahan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Louise McClanahan (Turner, Kans)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>E 8244</u>  <u>32</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured spine with paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolus</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <u>4-8-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Communicated fracture D8-9-10</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Automobile</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Desoto "Rural" Johnson Kansas</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4-4-52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>non collision</u>

22. I hereby certify that I attended the deceased from 4-8-1952, to 4-16-1952, that I last saw the deceased alive on 4-16-1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Forsythe</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>411 Nichols Rd</u>	23c. DATE SIGNED <u>4-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Breedebenn</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>
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DATE REC'D BY LOCAL REG. <u>4-17-52</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Simmons R. C. H.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1000  
1957 82 AMB

3305-8

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 Doran H. James

Licensed Embalmer No. 4878

P. O. Address H. C. K.

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.