Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004313
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 4.

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mtn. Grove — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: WRIGHT
c. CITY OR TOWN: Mtn. Grove 1140 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ARTHUR Middle: J. Last: McLean

4. DATE OF DEATH: Month: JAN. Day: 30 Year: 1959

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: FEB. 11 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months: 11 Days: 19 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (City and state or country): OZARK COUNTY MO

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN McLEAN

13b. MOTHER'S MAIDEN NAME: Eliza Driskell

14. NAME OF HUSBAND OR WIFE: Grace WOODS

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.:

17. INFORMANT: Grace McLean — Address: Mtn Grove Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Atherosclerosis	Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertentsion Arteriosclerosis	Unknown
DUE TO (c)	Cerebral Haemorrhage	Nov 1958

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 12 1958, to Jan 30 1959 and last saw her/him alive on Jan 29 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.

22b. ADDRESS: Mtn Grove Mo

22c. DATE SIGNED: 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 2-3-59

23c. NAME OF CEMETERY OR CREMATORY: Denlow Mo

23d. LOCATION (City, town, or county) (State): Douglas Co. Mo.

24. FUNERAL DIRECTOR: Rev Barber — ADDRESS: Mtn. Grove

25. DATE RECD. BY LOCAL REG.: 2-7-1959

26. REGISTRAR'S SIGNATURE: Bruce R. Silvelman

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1959

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3848

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.