

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020570

STATE FILE NUMBER

Registrar's No. 23

FILED JUL 14 1959

Registration District No. 44

Primary Registration District No. 406.1

Health,
& Welfare
Public
Service

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Caldwell			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Braymer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in 1b 10 years	d. STREET ADDRESS 0130		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CECELIA CATHERINE McLALLEN			4. DATE OF DEATH Month Day Year 6/25/1959			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4/1/1863	9. AGE (In years last birthday) 96 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Pa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Allen Michael		13b. MOTHER'S MAIDEN NAME Marinda V. (Unknown)		14. NAME OF HUSBAND OR WIFE Ed McLallen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Dora Hargrave		Address Braymer, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-renal disease DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/2 X					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Braymer, Mo.		COUNTY STATE	
21. I attended the deceased from June 13/59 to June 25/59 and last saw her alive on June 25/59 Death occurred at 8:05 A.M. on the date stated above, and to the best of my knowledge, from the cause stated.						
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS Braymer, Mo.		22c. DATE SIGNED 6/26/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/27/1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery		23d. LOCATION (City, town, or county) Braymer, Mo. (State)		
24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo.			25. DATE RECD. BY LOCAL REG. July 9, 1959		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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JUL 18 1958

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 Leneb, Michael.

Licensed Embalmer No. 4340
P. O. Address Braymer, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.