

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39482

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>		d. STREET ADDRESS (If rural, give location) <u>KINSEY MO.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>SMITH</u> c. (Last) <u>MCCLANNAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 7 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 15 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LAWRENCETON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>EDWARD MCCLANNAN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BITTICK</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA BAURBUCKER</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara McClannan P.O. Sandy Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Arterio Sclerosis</u>				<u>5yrs</u>
	DUE TO (c) <u>Ch. Vascular heart disease</u>				<u>?</u>
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
	<u>Cerebral Sclerosis</u>				<u>5yrs</u>

19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u> <u>1201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NO</u>			

22. I hereby certify that I attended the deceased from Nov. 4, 1950 to Nov 7, 1950, that I last saw the deceased alive on Nov 4, 1950, and that death occurred at 1:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. C. O'Connell M.D.</u>		23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>Nov. 7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/10/50</u>	24c. NAME OF REMETERY OR CREMATORY <u>St. Vincent's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BLOOMSBURG MO</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>Terena M. Spil</u>	359	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neal R. Bush</u>	ADDRESS <u>St. Genevieve Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

95-0

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 21 1950

RECEIVED

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 _____

Adrian J. Eller

Signed _____

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Lawrence, 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.