

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040848

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 142  
**FILED OCT 31 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10795

20950

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PERRYVILLE</b>		Length of stay in 1b		c. CITY OR TOWN <b>BLOOMSDALE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>PERRY</b> HOSPITAL OR INSTITUTION <b>COUNTY MEMORIAL HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>BLOOMSDALE,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>E.</b> Last <b>MCCLANAHAN</b>			4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>21,</b> Year <b>1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-19-1887</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>KINSEY, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>EDWARD MCCLANAHAN</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA BITTICK</b>	
14. NAME OF DECEASED'S WIFE <b>IDA WILLIAMSON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MR. CLETIS MCCLANAHAN, BLOOMSDALE, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>18 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>arteriosclerotic heart disease</b> <b>10 years</b>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Laennec's cirrhosis</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 COUNTY STATE	
21. I attended the deceased from <b>Oct 1, 1963</b> to <b>Oct 21, 1963</b> and last saw <sup>him</sup> alive on <b>Oct 21, 1963</b> Death occurred at <b>5:15</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Joseph F. Cannon M.D.</b>			22b. ADDRESS <b>190 S. Fourth Ste Genevieve</b>		22c. DATE SIGNED <b>10/22/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>10-24-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CONCORD CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>BLOOMSDALE, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>JEROME H. STANTON, STE. GENEVIEVE, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>10-23-63</b>		26. REGISTRAR'S SIGNATURE <b>Josef Zoller</b>

(Licensed Embalmer's Statement on Reverse Side)

**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 James A. Stauter

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MISSOURI

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.