

CERTIFICATE OF DEATH

**JAN 12 1976**

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 380

DO NOT WRITE ON THIS STUB

**FILED**

VS 300  
Rev. 11/72

7b.c. \_\_\_\_\_  
7d. 10160  
8. 29  
14a. 29  
14b. 099  
14c. 14352  
14e. 025  
23. 2001291  
26a. 1  
18. U4409  
18.S.1. \_\_\_\_\_  
18.S.2. \_\_\_\_\_  
20a.f. \_\_\_\_\_  
20g.St. \_\_\_\_\_  
20g.Co. \_\_\_\_\_  
20g.Cy. \_\_\_\_\_

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <b>Perry</b>		<b>D. McClenahan</b>			<b>Male</b>	<b>Dec. 27, 1975</b>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>White</b>		<b>91</b>					6. <b>Nov. 12, 1884</b>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <b>Festus 63028</b>		7c. <b>No</b>		7d. <b>Jefferson Memorial Hospital</b>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <b>Missouri</b>		9. <b>USA</b>		10. <b>Widowed</b>		11. <b>Deceased</b>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. <b>492-36-5465</b>		13a. <b>State Hwy. Dept.</b>		13b. <b>State Hwy. Dept.</b>				
RESIDENCE—STATE		CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER		
14a. <b>Mo.</b>	14b. <b>Jeff.</b>	14c. <b>Festus 63028</b>		14d. <b>No</b>	14a. <b>Plattin</b>	14f. <b>R.R.#1, Danby</b>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <b>Peter</b>		<b>B. McClenahan</b>			16. <b>Miranda -- Hall</b>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <b>Madison McClenahan</b>				17b. <b>R.R.#1, Festus, Missouri 63028</b>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		<b>Cardiac decompensation</b>						
(a) DUE TO, OR AS A CONSEQUENCE OF:								
(b) DUE TO, OR AS A CONSEQUENCE OF:		<b>Arteriosclerosis generalis</b>						
(c) DUE TO, OR AS A CONSEQUENCE OF:								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		
<b>Emphysema</b>						19a. <b>Yes</b>		
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b. _____		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. _____		20b. _____		20c. _____		20d. _____		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20a. _____		20f. _____		20g. _____		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
I ATTENDED THE DECEASED FROM		<b>12</b>	<b>1</b>	<b>75</b>	TO	<b>12</b>	<b>27</b>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	
21a. _____		21b. <b>12</b>	21c. <b>27</b>	21d. <b>75</b>	21e. <b>12</b>	21f. <b>27</b>	21g. <b>75</b>	
21h. _____		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. _____		21b. _____		21c. _____		21d. _____		
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
22a. <b>W H K B E F</b>		22b. _____	22c. <b>[Signature]</b>		22d. <b>[Title]</b>	22e. <b>12/29/75</b>		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23a. <b>[Address]</b>		23b. <b>131</b>		23c. <b>[City]</b>		23d. <b>[State]</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION (CITY OR TOWN, STATE)				
24a. <b>Burial</b>		24b. <b>Banby Cemetery</b>		24c. <b>R.R.#1, Festus, Mo. 63028</b>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. <b>Dec. 30, 1975</b>		24e. <b>CADY MORTUARY 609 Truman Blvd. Crystal City, Mo.</b>						
FUNERAL DIRECTOR—SIGNATURE		REG. NO.	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <b>[Signature]</b>		25b. <b>041</b>	25c. <b>[Signature]</b>		25d. <b>Dec. 30, 1975</b>			

Type or Print in PERMANENT BLACK INK. See handbook for instructions.

JAN 15 1976

**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 Richard Cady  
Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo.  
63019

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.