

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37516**

**Koh**  
FILED NOV 18 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **382**

0013

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville 0013</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C.O.S. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1214 E. Washington</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flossie</b> b. (Middle) <b>Rigdon</b> c. (Last) <b>McCLANAHAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 13 52</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-27-1887</b>
9. AGE (In years last birthday) <b>64</b>		10. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>Adair Co. Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Perry Rigdon</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth King</b>	
14. NAME OF HUSBAND OR WIFE <b>MR. Leo McClanahan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>94K</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leo McClanahan Kirksville Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b> INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Congestive heart failure</b> <b>3 yrs</b> DUE TO (c) <b>Hypertension</b> <b>10 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-6-</b> , 19 <b>52</b> , to <b>11-13-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11-13-</b> , 19 <b>52</b> , and that death occurred at <b>10:36 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Furtzler</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>	
23c. DATE SIGNED <b>11-14-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>Nov. 16-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Center Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirksville Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Handolph Davis</b>	
DATE REC'D BY LOCAL REG. <b>11-10-52</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert 1-0</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>Kirksville</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>Handolph Davis</b>	

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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 .....  
Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4522

P. O. Address Frankville 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.