

U.S. No. 900
REV. 10-48

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12889

49

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 200 West Main St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print) PANSY LUCILLE McCLURE			4. DATE OF DEATH (Month) (Day) (Year) April 10, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1923		9. AGE (In years last birthday) 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME James G. Ferguson		13b. MOTHER'S MAIDEN NAME Alien Campbell		14. NAME OF HUSBAND OR WIFE Alfred James McClure	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alfred James McClure			ADDRESS Webb City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Meningitis Pulmonary Tuberculosis b0 21				INTERVAL BETWEEN ONSET AND DEATH 4/9/49 6 mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from 4/1, 1949, to 4/10, 1949, that I last saw the deceased alive on 4/10, 1949 and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sweetright M.D.		23b. ADDRESS Webb City, Mo		23c. DATE SIGNED 4/10/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/12/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.		
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DATE REC'D BY LOCAL REG. APR 10 1949	REGISTRAR'S SIGNATURE J.L. Sweetright		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Lewis		ADDRESS Webb City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 4 1949

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.

Signed Leonard J. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Wabash City

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.