

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31365

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>201 N. 7th ST.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>BELL</u> c. (Last) <u>McCLEERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept 3, 1899</u>		9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES HAMPTON</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE WEEKS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES E. McCLEERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James E. McCleery</u> ADDRESS <u>Louisiana, Missouri</u>	

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) <u>Intestinal obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Vertical (incisional) hernia</u>			
		DUE TO (c) <u>Laparotomy (old)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Post operative shock & toxemia</u>			5613

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated loops of ileum</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>nsay</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>	

22. I hereby certify that I attended the deceased from 9-18, 1949, to 9-19, 1949, that I last saw the deceased alive on 9-19, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>Bernese Collier</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Louisiana, Missouri</u>			23c. DATE SIGNED <u>9-20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Overview</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Bernese Collier</u>		374		25. FUNERAL DIRECTOR'S SIGNATURE <u>Saley Mortuary</u> ADDRESS <u>Louisiana, Mo.</u>		

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

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SEP 27 1949

RECEIVED
District Health Officer No. 9-79-16
District Health Officer
Date Filed SEP 27 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.

Student
Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.