

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 313

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5124 Registrar's No. 110

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Bloomington) c. LENGTH OF STAY (in this place) 10 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1, DeKalb, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bloomington 0110  
d. STREET ADDRESS (If rural, give location) R.F.D. # 1, DeKalb, Mo. 0

3. NAME OF DECEASED a. (First) SARAH b. (Middle) G. c. (Last) MCCLURG 4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 3-14-1859 9. AGE (in years last birthday) 91

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Hickman 13b. MOTHER'S MAIDEN NAME Jane Wilson 14. NAME OF HUSBAND OR WIFE Lafayette McClurg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert McClurg, DeKalb, Missouri

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Acute Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arteriosclerosis Senility DUE TO (c) 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 20. AUTOPSY? YES  NO

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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I am the deceased's son on 2/3, 1951, to 19, that I last saw the deceased alive on 2/3, 1951, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, M.D., Coroner St. Joseph, Mo. 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 2/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-4-1951 24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery 24d. LOCATION (City, town, or county) (State) DeKalb, Missouri

DATE REC'D BY LOCAL REG. Feb. 5, 1951 REGISTRAR'S SIGNATURE Carl C. Caselo 446 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No. ....

Licensed Embalmer No. 3980

P. O. Address St Joseph, 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.