

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12080

State File No.

340
1

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

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5396 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blanche, R, Brushcreek</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blanche, Rural, Brushcreek</u>		d. STREET ADDRESS (If rural, give location) <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0340</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James W.</u> b. (Middle) <u>McCleary</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-23-83</u>
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Ozark County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred McCleary</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Owens</u>	
14. NAME OF HUSBAND OR WIFE <u>Docia McCleary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Docia McCleary</u> ADDRESS <u>Blanche, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4/500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>2-19-1951</u> to <u>4-14-1951</u> , that I last saw the deceased alive on <u>4-12-1951</u> , and that death occurred at <u>12:10A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>James W. McCleary M.D.</u> (Degree or title)		23b. ADDRESS <u>Blanche, Mo.</u>	
23c. DATE SIGNED <u>4-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blanche</u>	
24d. LOCATION (City, town, or county) (State) <u>Blanche, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Funeral Home, Ava, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-51</u>		REGISTRAR'S SIGNATURE <u>Uestel Bushman</u>	

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED MAY 7 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 7 1951

Dist. File 251-9141

Date Filed 5-5-51

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

Lytle G. Shinkingbeard

Licensed Embalmer No.

4830

P. O. Address

Area, 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.