

FILED JUN 2 1951 STANDARD CERTIFICATE OF DEATH

15819

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY CALLAWAY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUAIAL JACKSON
c. LENGTH OF STAY (in this place) 32 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MILES N.E. AUXVASSE MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CALLAWAY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 01410 RURAL JACKSON
d. STREET ADDRESS (If rural, give location) 2 MILES N.E. AUXVASSE, MO.

3. NAME OF DECEASED
a. (First) ARCHIE b. (Middle) ALEXANDER c. (Last) MCCLUER 4. DATE OF DEATH (Month) (Day) (Year) MAY 24 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH JUNE 2 1885 9. AGE (In years last birthday) 65 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEWIS MCCLUER 13b. MOTHER'S MAIDEN NAME JEANNETTE WATSON 14. NAME OF HUSBAND OR WIFE NONE

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 Henry MCCLUER ADDRESS AUXVASSE, MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal
ANTECEDENT CAUSES Disease
Morbidity 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 442 X 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 attended the deceased from May 1, 1951, to May 3, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. D. Mellenboch (Degree or title) M.D. 23b. ADDRESS Mexico, Mo. 23c. DATE SIGNED 5/24/1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5/25/1951 24c. NAME OF CEMETERY OR CREMATORY AUXVASSE 24d. LOCATION (City or town and county) (State) CALLAWAY MO

DATE REC'D BY LOCAL REG. May 26 1951 REGISTRAR'S SIGNATURE Maretha Lawrence 424 25. FUNERAL DIRECTOR'S SIGNATURE Margie Fenner ADDRESS Home, Auxvasse, Mo.

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

1140

RECEIVED

MAY 28 1951

DISTRICT HEALTH OFFICE No. 4

File No. _____

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haine, Jr.

Licensed Embalmer No. 2557

P. O. Address Fulton, 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.