

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19175

FILED MAY 31 1951

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Stoddard</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Stoddard</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		d. STREET ADDRESS (If rural, give location)		<u>1030</u> <u>R.F.D. #3, Dexter, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				3. NAME OF DECEASED			
a. (First) <u>Opal</u>		b. (Middle) <u>Tone</u>		c. (Last) <u>McClard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1951</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>Aug. 10, 1903</u>	
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>47</u> Months <u>9</u> Days <u>9</u> Hours <u>Min.</u>	
11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>J. W. Baker</u>			13b. MOTHER'S MAIDEN NAME <u>Lelia Barham</u>			14. NAME OF HUSBAND OR WIFE <u>Gilbert McClard</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gilbert McClard, Dexter, Mo. R. 3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pancreatitis</u>		DUE TO (b) <u>Cholecystitis</u>				2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>585X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Had gall bladder removed several years ago.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:40 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. G. Strickland</u> (Degree or title)				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>May 21</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-26-51</u>		REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			

Licensed Embalmer's (Statement on Reverse Side)

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

030
1

RECEIVED

MAY 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.

JUN 7 1951

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 *C. E. Shickel*.....

Licensed Embalmer No. 3479.....

P. O. Address Reston, Va......

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.