

STANDARD CERTIFICATE OF DEATH

State File No. **4476**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4168** Registrar's No. **8**

320

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

1. PLACE OF DEATH a. COUNTY DeKalb			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give township) Maysville		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Maysville		0 3 20
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) FINLEY		a. (First)		b. (Middle)		c. (Last) McCLURE		4. DATE OF DEATH Feb. 4 1952	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9 1858		9. AGE (In years last birthday) 93	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HRS. Hours	MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeKalb County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Elisha McClure		13b. MOTHER'S MAIDEN NAME Malinda Grayless		14. NAME OF HUSBAND OR WIFE Hattie McClure	
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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.	17. INFORMANT'S SIGNATURE OR NAME Miss Ethel McClure Maysville Mo.				ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 2 days				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		?	
				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 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from **Jan 30, 1952** to **Feb 4, 1952** that I last saw the deceased alive on **Feb 3, 1952**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Spaldon Fowler M.D.		(Degree or title)	23b. ADDRESS Maysville Missouri		23c. DATE SIGNED 2/5-19 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-52	24c. NAME OF CEMETERY OR CREMATORY Hopewell	24d. LOCATION (City, town, or county) (State) Maysville Mo R.F.D.		
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DATE REC'D BY LOCAL REG. 2-20-52	REGISTRAR'S SIGNATURE Ascor Davidson		25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME	ADDRESS MAYSVILLE MISSOURI	
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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 
C.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Maysville 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.