

8-15-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28163
3352 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | | | |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON 0 | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON 3837 | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 35 YRS. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | | d. STREET ADDRESS (If rural, give location) 6043 WALNUT 83 | | |

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|-------------------------------------|--|----------------|--|-------------------|--|--------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) IDA | | b. (Middle) BYERS | | c. (Last) MC CLUER | | 4. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 52 | | |
|-------------------------------------|--|----------------|--|-------------------|--|--------------------|--|---|--|--|

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|------------|--------------------|--|--------------------------------|--|------------------------------------|----------------|---------------|---------------|----------------|
| 5. SEX M O | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED / | 8. DATE OF BIRTH AUG. 23, 1860 | | 9. AGE (In years last birthday) 87 | # UNDER 1 YEAR | # UNDER 1 MO. | # UNDER 1 HR. | # UNDER 1 MIN. |
|------------|--------------------|--|--------------------------------|--|------------------------------------|----------------|---------------|---------------|----------------|

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|---|--|-----------------------------------|--|---|--|----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) OHIO / | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|-----------------------------------|--|---|--|----------------------------------|--|

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|--------------------------------|--|--------------------------------|--|---|--|
| 13a. FATHER'S NAME DAVID BYERS | | 13b. MOTHER'S MAIDEN NAME MARY | | 14. NAME OF HUSBAND OR WIFE BENNETT W. MC CLUER | |
|--------------------------------|--|--------------------------------|--|---|--|

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|--|---|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS BENNETT W. MC CLUER - 6043 WALNUT | | | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident | DUE TO (b) Generalized arteriosclerosis | | | | | 1 wk |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) | | | | | 3 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 33 1/2 |

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|------------------------|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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 Apr, 1949, to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 12:29 p.m., from the causes and on the date stated above.

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|---|--|-----------------------------|--|--------------------------|--|
| 23a. SIGNATURE W. Donald McFarland M.D. (Signature and title) | | 23b. ADDRESS 315 Nichols Rd | | 23c. DATE SIGNED 7/25/52 | |
|---|--|-----------------------------|--|--------------------------|--|

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|--|-------------------|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL U | 24b. DATE 7-25-52 | 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO | |
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|----------------------------------|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 7-25-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO. | | |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. H. Mc
Plough and
K 1533

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.