

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31385**

No. 300
10-48

DECEASED **14 1952**

102
4

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

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 141	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		d. STREET ADDRESS (If rural, give location) 107 East 17th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Susans Nursing Home				3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) Birdsey c. (Last) McClure			
4. DATE OF DEATH (Month) (Day) (Year) 9-29-52		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Sept 20 1875		9. AGE (In years last birthday) 77		10. MONTHS - DAYS 9 HOURS - MIN. -		11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		13a. FATHER'S NAME John McClure	
13b. MOTHER'S MAIDEN NAME IONE POTTER		14. NAME OF HUSBAND OR WIFE EMMA MAE Clements McClure		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME J. Coy Foster		18. ADDRESS Trenton Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Myocarditis			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 6 mos			
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. Arthritis Deformans			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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)	
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 Sept 1, 1952 to Sept 29, 1952 , that I last saw the deceased alive on Sept 26, 1952 , and that death occurred at 5 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. A. Duffy M.D. (Degree or title)				23b. ADDRESS Trenton Mo		23c. DATE SIGNED Sept 29 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 9-30-52		24c. NAME OF CEMETERY OR CREMATORY Wyatt Cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. Spickard, Mo.	
DATE REC'D BY LOCAL REG. 9/30/52		REGISTRAR'S SIGNATURE Helen Fair		25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-BLACKMORE		ADDRESS Trenton Mo	

E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

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. 454

working under my personal supervision.

Student

Harold L. Robert
Student Embalmer

Signed

Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Junior, 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.