

S. No. 300
V. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34024

State File No.

FILED OCT 7 1952

BIRTH NO. 7 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Verdon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Washington Bldg.</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>		d. STREET ADDRESS <u>10291</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>a</u> c. (Last) <u>McClary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29 1952</u>	
5. SEX <u>M</u>	COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-22-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
13a. FATHER'S NAME <u>Mark</u>		13b. MOTHER'S MAIDEN NAME <u>Mark</u>	14. NAME OF HUSBAND OR WIFE <u>Mark</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Mark</u>	16. SOCIAL SECURITY NO. <u>Mark</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond McLeod</u> ADDRESS <u>Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Congestive Heart Disease</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>	

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____
DUE TO (c) _____

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>4341</u>

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?
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22. I hereby certify that I attended the deceased from 9/29 1952 to 9/29, 1952, that I last saw the deceased alive on 9/29, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond McLeod</u> (Degree or title)	23b. ADDRESS <u>Missouri</u>	23c. DATE SIGNED <u>9/29/52</u>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <u>4</u>	24b. DATE Burial <u>10/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Virginia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Bates, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-52</u>	REGISTRAR'S SIGNATURE <u>Anna J. Furr</u> <u>4341</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u> ADDRESS <u>Butler, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.