

34459

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

 5. No. 300  
 2v. 10. 48

FILED NOV 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronswick</u>		c. LENGTH OF STAY (In this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronswick</u> <u>0218</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <u>U</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>			b. (Middle) <u>S.</u>		c. (Last) <u>McCLOUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>1-20-1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>TRIPLETT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN McCLOUGH</u>			13b. MOTHER'S MAIDEN NAME <u>DORA KNOX</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. COUNCIL STROEMER</u>		ADDRESS <u>Bronswick</u>		
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, asphyxia, 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) _____				DUE TO (b) _____				
ANTECEDENT CAUSES				DUE TO (c) _____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>021</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Death by Exposure</u>				
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 _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Judge J. Magallano, Court Sec. as Coroner</u>				23b. ADDRESS <u>KEYTESVILLE MO</u>		23c. DATE SIGNED <u>10-14-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCLOUGH</u>		24d. LOCATION (City, town, or county) (State) <u>TRIPLETT MO</u>		
DATE REC'D BY LOCAL REG. <u>10-15-52</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Meiser</u>		ADDRESS <u>Bronswick MO</u>		

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

 0210  
 1

---

---

**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 L. M. Merrill

Licensed Embalmer No. 823

P. O. Address Presque Isle, Me.

**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.