

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17121**

No. 300
10-48

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 606

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0</u>	
c. LENGTH OF STAY (in this place) <u>50 years</u>		d. STREET ADDRESS (If rural, give location) <u>2404 Felix St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u>	b. (Middle)	c. (Last) <u>McClurg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>August 27, 1885</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. registered nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mt. Ayr, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James A. McClurg</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Anna Aldridge</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-39-0064</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. C. McClurg, 3028 Frederick, St. Joseph, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		
	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.			

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?
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22. I hereby certify that I attended the deceased from Apr. 30, 1953, to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 7:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilbur P. McDonald M.D. O</u>	23b. ADDRESS <u>301 N. 8th St., St. Joseph, Mo.</u>	23c. DATE SIGNED <u>5-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/25/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mt. Ayr, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>May 28, 1953</u>	REGISTRAR'S SIGNATURE <u>Luther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Newton Bowman Funeral Home St. Joseph, 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 *William Spalding* _____

Licensed Embalmer No. *4535*

P. O. Address *395 11th St. Portland, 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.