

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24119

State File No. ....

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FILED JUL 27 1953 41424-53

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fornfelt</b> <span style="float: right;">1009 1</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>		d. STREET ADDRESS (If rural, give location) <span style="float: right;">✓</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>ALLEN</b>	c. (Last) <b>MC CLARD Jr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 23 1953</b>
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5. SEX <b>Male</b> <span style="float: right;">0</span>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> <span style="float: right;">0</span>	8. DATE OF BIRTH <b>July 18, 1953</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR <b>0</b>	IF UNDER 4 HRS. <b>5</b>	IF UNDER 15 MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b> <span style="float: right;">0</span>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Allen Mc Clard</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Kerbey</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Mc Clard</b>	ADDRESS <b>Fornfelt, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Infant</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(7 mos. Gestation)</b> 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 <b>776 X</b>	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) (Min.)	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 7-28, 1953, to 7-23, 1953 that I last saw the deceased alive on 7-23, 1953 and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. J. Herlihy M.D.</b>	23b. ADDRESS <b>Cape Girardeau, Mo</b>	23c. DATE SIGNED <b>7/24/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lightner</b>	24d. LOCATION (City, town, or county) (State) <b>Illmo, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-27-53</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Displinghoff Funeral Home</b>	ADDRESS <b>Illmo, Mo</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Oliver Carmichael*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.