

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6010

State File No. 25963

FILED AUG 11 1953

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY COOK	
b. CITY OR TOWN MOBERLY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 9 1/2		c. CITY OR TOWN CHICAGO (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4339 CALUMET	

3. NAME OF DECEASED (Type or Print) a. (First) ONNIE b. (Middle) HUBERT c. (Last) MCCLAURIN JR.			4. DATE OF DEATH (Month) (Day) (Year) AUG. 4 1953		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 1, 1933		9. AGE (In years last birthday) 20		10. CITIZENSHIP (If under 21, specify) U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY SINGER		11. BIRTHPLACE (City and State or Foreign Country) TAYLORSVILLE MISSISSIPPI	

13a. FATHER'S NAME ONNIE MCCLAURIN		13b. MOTHER'S MAIDEN NAME MYRTLE RAYFORD		14. NAME OF HUSBAND OR WIFE RUBY MCCLAURIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 428-48-8801		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned		DUE TO (b) _____				1 1/2 hr w water	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 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) 088 (STATE)	
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?	

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 **2:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. S. J. Kelly, M.D. corner		23b. ADDRESS 203 N. Clark Moberly Mo		23c. DATE SIGNED Aug 5, 1953	
24a. DATE REC'D BY LOCAL REG. 8/8/53		24b. REGISTRAR'S SIGNATURE Jessie Knight		24c. NAME OF CEMETERY OR CREMATORY TAYLORSVILLE CITY	
24d. LOCATION (City, town, or county) (State) TAYLORSVILLE MISS.		25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48 30 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1953

AUG 19 1953

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 _____

Jerry R. Carter

Licensed Embalmer No. *4906*

P. O. Address *Moberly, 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.