

FILED AUG 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27736**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **4048** Registrar's No. **219**

0100

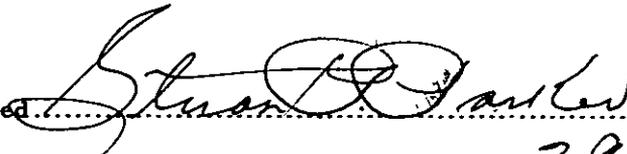
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Rockport		c. CITY OR TOWN Rockport	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0100	
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) BELL c. (Last) McCLURE		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17th 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH about 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (If UNDER 1 YEAR: Months) (If UNDER 2 HRS. last birthday) Days Hours Min. about 87
11. BIRTHPLACE (City and State or Foreign Country) Rockport Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Boris Sampson		ADDRESS Columbia Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332 X H	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of descending colon, large uterine fibroids			
19a. DATE OF OPERATION 8 July 1953	19b. MAJOR FINDINGS OF OPERATION Uterine fibroids, Carcinoma, descending Colon		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1 July , 19 53 , to 17 Aug , 19 53 , that I last saw the deceased alive on 16 Aug , 19 53 , and that death occurred at 5:30 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold E. Thomas M.D.		23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 19 Aug '53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 20 1953	24c. NAME OF CEMETERY OR CREMATORY Rockport	24d. LOCATION (City, town, or county) (State) Rockport Missouri
DATE REC'D BY LOCAL REG. Aug 20 1953	REGISTRAR'S SIGNATURE Mrs R E Palmer	31 - 0	25. FUNERAL DIRECTOR'S SIGNATURE Stuart B. Parker ADDRESS Columbia, Mo.

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 2900

P. O. Address Columbia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.