

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **32524**

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4570** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clearmont</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Westboro, Missouri</b>	
c. LENGTH OF STAY (In this place) <b>6 Mo</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallen Rest Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Cora</b>	b. (Middle) <b>May</b>	c. (Last) <b>Macrander</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept-27-1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April-16-1953</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen House work</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>Josiah Mumford</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Malone</b>	14. NAME OF HUSBAND OR WIFE <b>J D Macrander</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>R J Macrander</b> ADDRESS <b>Westboro, 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, asthma, 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) <b>Congestive heart failure</b>		<b>18 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial degeneration</b> DUE TO (c) <b>Coronary sclerosis</b>		<b>4 yrs.</b> <b>4 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

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) (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 **July 26, 1953**, to **Sept 27, 1953**, that I last saw the deceased alive on **Sept 26, 1953**, and that death occurred at **1030A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harwinford D. A. Cms. Mo.</b>	23b. ADDRESS <b>Westboro, Mo.</b>	23c. DATE SIGNED <b>Oct 5-53</b>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>	24b. DATE <b>9/29/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Center Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Near Westboro</b>
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DATE REC'D BY LOCAL REG. <b>10-10-53</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley T. ...</b> ADDRESS <b>Westboro, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1955

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 \_\_\_\_\_

A R Tucker II

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4757

P. O. Address Westboro, 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.