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FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36604

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery 0200	
c. LENGTH OF STAY (In this place) 5 Years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Montgomery Boarding Home			

3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) McClure c. (Last) McClure			4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 10 1878	9. AGE (In years) (Months) (Days) (Hours) (Min.) 75	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (State or foreign country) Montgomery Co Mo.	

13a. FATHER'S NAME George Mc Clure	13b. MOTHER'S MAIDEN NAME Elizabeth Rodgers	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Harry McClure - Montgomery City Mo.
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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 6 WEEKS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS 15 YRS DUE TO (c) ADVANCED ARTERIO SCLEROSIS 20 YRS		
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) 4201
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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 **April 1, 1949**, to **Oct 31, 1953**, that I last saw the deceased alive on **Oct 31, 1953**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Van Arsdale	23b. ADDRESS P.O. 3 Montgomery City - Mo	23c. DATE SIGNED 11-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 2 1953	24c. NAME OF CEMETERY OR CREMATORY Brush Creek	24d. LOCATION (City, town, or county) (State) Bellflower Mo.
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DATE REC'D BY LOCAL REG. 11-4-53	REGISTRAR'S SIGNATURE Laura B. Callaway	434-	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Alfred A. Jones Bellflower Mo.
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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

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 _____

Me, Student Embalmer No. _____

working under my personal supervision.

Signed Claird A Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.