

# STANDARD CERTIFICATE OF DEATH

39800

State File No. ....

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4345</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY OR TOWN <u>MATTHEWS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>MATTHEWS</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAWA</u>		b. (Middle) <u>LAWIA</u>		c. (Last) <u>MC CLOUD</u>	
		4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>8</u> (Year) <u>1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>6-25-1879</u>	
		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R.H. LEE</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVIA CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE M. CLOUD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Carner Story Matthews mo</u> ADDRESS			
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) <u>Sarcoma of the pleura.</u> ANTECEDENT CAUSES <u>Atelectasis.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 Months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <u>163X</u> (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 <u>1/16</u> , 1953, to <u>11/6</u> , 1953, that I last saw the deceased alive on <u>11-6</u> , 1953, and that death occurred at <u>11:30 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James A. McElure md.</u>		(Degree or title)		23b. ADDRESS <u>Bixston mo.</u>		23c. DATE SIGNED <u>11/12/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MATTHEWS</u>		24d. LOCATION (City, town, or county) <u>MATTHEWS MO.</u> (State)	
DATE REC'D BY LOCAL REG. <u>11-21-53</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home</u>		ADDRESS <u>Bixston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0720

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.