

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

**41780**

State File No. \_\_\_\_\_

**FILED DEC 14 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **227**

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<b>1. PLACE OF DEATH</b> a. COUNTY <b>Saline</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>785 North Lincoln</b>		d. STREET ADDRESS (If rural, give location) <b>785 North Lincoln</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Wesley</b>	c. (Last) <b>McClure</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 10, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 22, 1886</b>	<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>IF UNDER 1 YEAR</b> Months <b>1</b> Days <b>18</b>	<b>IF UNDER 2 HRS.</b> Hours <b>1</b> Min. <b>18</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>County Supervisor</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmers Home Administration-Missouri</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>0</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>John Wesley McClure</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Erna Glascock</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ivy Shelton McClure</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None/unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. John W. McClure</b>	<b>ADDRESS</b> <b>Marshall, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Amyotrophic Lateral Sclerosis</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>3561</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 1953, to Dec 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 12:55 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>James G. Reid</i>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>Marshall, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12-11-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Dec. 13, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ridge Park cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Marshall, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Dec. 11-1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Sidney F. Gray</i>	<b>338</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Campbell-Lewis</i>	<b>ADDRESS</b> <b>Marshall, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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     R. W. Campbell Jr.    

Licensed Embalmer No.     39619    

P. O. Address     Marshall, 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.