

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

45139

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4345** Registrar's No. **2**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY NEW MADRID	a. STATE MO		b. COUNTY NEW MADRID
b. CITY (If outside corporate limits, write RURAL and give township) MATTHEWS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) MATTHEWS 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) MALCOLM	b. (Middle) HARRISON	c. (Last) RADCLIFFE	4. DATE OF DEATH (Month) (Day) (Year) 12-31-1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 5 1889	9. AGE (In years) (Month) (Day) (Hours) (Min.) 64 4 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WEIGHT CLERK	10b. KIND OF BUSINESS OR INDUSTRY MISSIONARY HIGH DEPT	11. BIRTHPLACE (State or foreign country) HARVEYSBURG IN. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME E. M. RADCLIFFE	13b. MOTHER'S MAIDEN NAME ELLA M. EPHLIN	14. NAME OF HUSBAND OR WIFE RUBY
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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. 444-078146	17. INFORMANT'S SIGNATURE OR NAME E. M. Radcliffe - Deceola Art	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Coronary heart disease		
	DUE TO (c)		

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) Sekeston, MO
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 12/31, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Cutchless, M.D.	23b. ADDRESS Sekeston, MO	23c. DATE SIGNED Jan 13, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 2, 1954	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) Sekeston, MO
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DATE REC'D BY LOCAL REG. 1-31-54	REGISTRAR'S SIGNATURE Helen Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home - Sekeston MO	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300
20
1

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 Crews

Licensed Embalmer No. 3467

P. O. Address Leicester, Ma.

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.