

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7872

State File No.

7413-54
FILED MAR 25 1954

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon	
c. LENGTH OF STAY (In this place) 28 das.		d. STREET ADDRESS (If rural, give location) 0720 / 1 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital Poplar Bluff			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Richard c. (Last) McClure			4. DATE OF DEATH (Month) (Day) (Year) 2-26-1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Jan. 30th, 1954	9. AGE (In years last birthday) 0	10. UNDER 1 YEAR Months 0	11. UNDER 1 YEAR Days 28	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Paul McClure	13b. MOTHER'S MAIDEN NAME Ruby Hardy	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul McClure, Gideon, Missouri	18. ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fibrincentric Disease of Lung</i>		
	ANTECEDENT CAUSES 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.		7590	

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) m.	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 1-30, 1954, to 2-26, 1954, that I last saw the deceased alive on 2-26, 1954, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur C. Parker M.D.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 3/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-1954	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Mo.
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DATE REC'D BY LOCAL REG. 3/18/54	REGISTRAR'S SIGNATURE R. H. Menetrel	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Piggott	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 22 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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

working under my personal supervision.

Student Embalmer No.

Signed Lloyd Russee

Signed.....
Student Embalmer

Licensed Embalmer No. 509-126

P. O. Address Jiggott Park

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.