No. 300
10.48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18443

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 43

0330 1

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Watkins Typ
c. LENGTH OF STAY (In this place): 63yr s
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Highway 72 0330 3

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Andrew
c. (Last): McClure

4. DATE OF DEATH (Month) (Day) (Year): 6/20/54

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 26 1890
9. AGE (In years last birthday): 63 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and State or Foreign Country): Dent Co Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: S Brown McClure
13b. MOTHER'S MAIDEN NAME: Virginia Sturgeon
14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME: Ray Flett — ADDRESS: Salem Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malnutrition

DUE TO (c) acute + Chronic Rheumatoid Arthritis

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: 7220
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1953, *to* 6/20, 1954, *that I last saw the deceased alive on* 6/20, 1954, *and that death occurred at* 5.15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Boss (Degree or title): M.D.
23b. ADDRESS: SALEM Missouri
23c. DATE SIGNED: 6/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/22/54
24c. NAME OF CEMETERY OR CREMATORY: Lake Spring Cem
24d. LOCATION (City, town, or county) (State): Lake Springs Mo

DATE REC'D BY LOCAL REG.: 6-20-54
REGISTRAR'S SIGNATURE: M. M. Hart, M. D. by [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 937

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.