

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 20 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 1236

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.
c. LENGTH OF STAY (in this place) 2Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 630 North Lyon#

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Saline
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
d. STREET ADDRESS (If rural, give location) 630 North Lyon

3. NAME OF DECEASED
a. (First) William b. (Middle) Edward c. (Last) McClure

4. DATE OF DEATH (Month) (Day) (Year)
July 16 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 10 1879

9. AGE (In years last birthday) 74 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) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Cross Timbers, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. McClure

13b. MOTHER'S MAIDEN NAME Sarah Banta

14. NAME OF HUSBAND OR WIFE

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 ADDRESS Mrs. J.C. Kingery-Marshall, Missouri

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - Hypertension
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.

INTERVAL BETWEEN ONSET AND DEATH
5 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
Marshall, Mo. Saline Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased made investigation July 17 to 1954, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Leach M.D. Coroner Saline Co.

23b. ADDRESS Marshall, Mo.

23c. DATE SIGNED 7-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/18/54

24c. NAME OF CEMETERY OR CREMATORY Cemetery - Cross Timbers

24d. LOCATION (City, town, or county) (State) 1 1/2 mi. north of Cross Timbers, Mo.

DATE REC'D BY LOCAL REG. 7-17-54

REGISTRAR'S SIGNATURE Henry F. Gray 38 5-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leach, Saline, Missouri

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

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 *J. Lealie Swanson*.....

Licensed Embalmer No. *2015*.....

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.