

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28405

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3045		Registrar's No. 203			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Page</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braddyville</u>		g/40			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None In Town</u> 8					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>E.</u> c. (Last) <u>McCLURE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-7-1954</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept-30-1873</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hiram Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Hoskins</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Henry McClure</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert K. McClure</u>					ADDRESS <u>Braddyville</u>
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis?</u> 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 <u>30 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>8/6</u> , 19 <u>54</u> , to <u>8/7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/7</u> , 19 <u>54</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. F. Dyland M.D.</u>				23b. ADDRESS <u>Maryville MO</u>			23c. DATE SIGNED <u>8/7/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Braddyville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Braddyville Iowa.</u>				
DATE REC'D BY LOCAL REG. <u>8-25-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>			25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Loren Davison - Clarinda Ia</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Body was Taken to Cloninda, Ia + Embalmed there.

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.....

Loren Davison

Iowa Licensed Embalmer No. *3148*

P. O. Address.....

Cloninda

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.