S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31298

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home McClure

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City 0700
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) McClure
4. DATE OF DEATH (Month) (Day) (Year): Sept 25 1954
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Jan 12 1868
9. AGE (In years last birthday): 86 | 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): Ret Housrwife
10b. KIND OF BUSINESS OR INDUSTRY: General duties
11. BIRTHPLACE (City and State or Foreign Country): Montgomery Co Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Clinton Aylor
13b. MOTHER'S MAIDEN NAME: Nannie Rhodecker
14. NAME OF HUSBAND OR WIFE: George H McClure Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Harry McClure | ADDRESS: Montgomrey City Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) chrone myocarditis — 10 years
DUE TO (c) Arterio sclerosis — 10 years

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 4221
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* Sept, 1952, *to* Sept. 25, 1954, *that I last saw the deceased alive on* Sept 25, 1954, *and that death occurred at* 12:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: A H Van Arsdale (Degree or title) D.O.
23b. ADDRESS: Montgomery City Mo
23c. DATE SIGNED: 9-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 27-1954
24c. NAME OF CEMETERY OR CREMATORY: Bellflower
24d. LOCATION (City, town, or county) (State): Bellflower Mo.

DATE REC'D BY LOCAL REG.: 9-25-54
REGISTRAR'S SIGNATURE: Laura B. Callaway 500-0
25. FUNERAL DIRECTOR'S SIGNATURE: Leland A. Jones | ADDRESS: Bellflower Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Oland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.