

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **38184**

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5857</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>Madawasky</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>North</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence Rural</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheridan</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daughters home</u>				d. STREET ADDRESS (If rural, give location) <u>H 30</u>				
3. NAME OF DECEASED (Type or Print) <u>LUCY ALLERA</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1954</u>								
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 1, 1870</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Iowa</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jonathan Coy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Wesley McClelland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Davis Sheridan, Mo.</u>				
18. ADDRESS <u>Sheridan, Mo.</u>		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) <u>Coronary Thrombosis</u>						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endo Carditis</u>						
		DUE TO (c) _____						
		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 <u>4214</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Oct-31, 1954, to Nov 5, 1954</u> ; that I last saw the deceased alive on <u>Nov 2, 1954</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. P. Nesbitt, M.D.</u>				23b. ADDRESS <u>Sheridan, Mo.</u>		23c. DATE SIGNED <u>11-9-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sheridan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-20-54</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>		ADDRESS <u>Mt. Airy, Iowa</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1955

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 Bill A. Duff

Licensed Embalmer No. 4908

P. O. Address Grand City, 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.