

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38421**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **18**

1. PLACE OF DEATH
a. COUNTY **St Charles**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Missouri** b. COUNTY **St Charles**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Charles**

c. CITY OR TOWN **St Charles**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St Joseph Hospital**

e. STREET ADDRESS (If rural, give location) **Cottleville Mo.** *09230*

3. NAME OF DECEASED
a. (First) **Francis** b. (Middle) **B.** c. (Last) **McCluer**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 5 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 8 1887**

9. AGE (In years last birthday) **67** IF UNDER 1 YEAR: Days **8** Hours **27** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supt of Schools**

10b. KIND OF BUSINESS OR INDUSTRY **School Edc.**

11. BIRTHPLACE (City and State or Foreign Country) **O'Fallon Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Oscar McCluer**

13b. MOTHER'S MAIDEN NAME **Anna Blanton**

14. NAME OF HUSBAND OR WIFE **Sadie Bedinger McCluer**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Sadie B McCluer Cottleville 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Occlusion**
ANTECEDENT CAUSES **Coronary Atherosclerosis**
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Prostatic Hypertrophy**

INTERVAL BETWEEN ONSET AND DEATH **2 days**

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

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 4 1954** to **Dec 5 1954**, that I last saw the deceased alive on **Dec 5 1954**, and that death occurred at **11:36 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. H. [Signature] M.D.**

23b. ADDRESS **McPherson Ave**

23c. DATE SIGNED **Dec 6 54**

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

24b. DATE **Dec. 7 1954**

24c. NAME OF CEMETERY OR CREMATORY **Dardene Cemetery**

24d. LOCATION (City, town, or county) (State) **Dardene Mo**

DATE RECD BY LOCAL REG. **Dec 8 1954**

REGISTRAR'S SIGNATURE **284-0**
Normie Hemmett

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
William [Signature] [Address]

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.....
Signature of Student Embalmer

Signed *Clarence M. Bille*.....
Licensed Embalmer No. *437*

P. O. Address *A. Choul*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.