

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6994**

BIRTH NO. _____		REG. DIST. NO. <b>340</b>		PRIMARY REG. DIST. NO. <b>3075</b>		Registrar's No. <b>27</b>	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>				d. STREET ADDRESS (If rural, give location) <b>--</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b>		b. (Middle) <b>J.</b>		c. (Last) <b>MC LARD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 9, 1868</b>	
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Appleton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>James Franklin Mc Lard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hill</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Mc Lard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Mc Lard, Dexter, Missouri</b>			
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) <b>Asystolic pneumonia</b> ANTECEDENT CAUSES Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Old myocardial</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1, 1955</b> to <b>Feb 8, 1955</b> that I last saw the deceased alive on <b>Feb 8, 1955</b> , and that death occurred at <b>3:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. D. Fenwick, M.D.</b>				23b. ADDRESS <b>Dexter, Mo.</b>		23c. DATE SIGNED <b>2/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 9-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walker cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-14-55</b>		REGISTRAR'S SIGNATURE <b>Wm. D. Fenwick</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO.</b>		ADDRESS <b>Bloomfield, Mo.</b>	

(Increased Embalmers' Statement on Reverse Side)

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 Mrs. Lulu  
Cooper # 3499 ~~Student~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.