

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. J. WILLIAMS
7840
State File No.

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 240E

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>MISSOURI</u> b. COUNTY <u>GREENE</u> <u>0390</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MERCY INFIRMARY</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>WINTON</u>	c. (Last) <u>McCLUER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 5 1868</u>	9. AGE (In years) (Last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PLANTATION OPERATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>RUFUS A. McCLUER</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY WINTON</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>
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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>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. VERN DILLON SPRINGFIELD, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Sclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>331X</u>
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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?
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22. I hereby certify that I attended the deceased from 8-10, 1950, to 3-17, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Williams</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>3-18-55</u>
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24a. BIRTH, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-21-55</u>	REGISTRAR'S SIGNATURE <u>Dr. J. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Springfield, MO.</u>
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(Licensed Embalmer's 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address Springfield

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.