

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17571

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City,</u>		c. LENGTH OF STAY (In this place) <u>10 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1082 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary's Nursing Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>		b. (Middle) <u>F.</u>		c. (Last) <u>McAdow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>July 19, 1880</u>		9. AGE (In years last birthday) <u>74</u> If under 1 year: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stillwater, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Joseph McAdow</u>		13b. MOTHER'S MAIDEN NAME <u>Millie (?) McAdow</u>		14. NAME OF HUSBAND OR WIFE <u>Mae(Pooler) McAdow</u>				
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fern Black</u> ADDRESS <u>Wintersett, Iowa</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULLARY FAILURE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL VASCULAR ACCIDENTS</u> DUE TO (c) <u>HYPERTENSIVE ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>LUNG ABSCESS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>6 DAYS</u> <u>years</u>	
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) m.		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>FEB</u> , 1955, to <u>MAY 23, 1955</u> , that I last saw the deceased alive on <u>MAY 23, 1955</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard J. Hughes, D.O.</u>				23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>5-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wackaburg, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>5-25-1955</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> <u>345-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u> ADDRESS <u>mt rye, Iowa</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1976

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Int. Apr. House

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.