

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21562**
Registrar's No. **54**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **5301**

1. PLACE OF DEATH
a. COUNTY **Clinton**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY **Clinton**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Sh. or 28 21 Mo**

c. CITY OR TOWN **0250** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5 mi S W Cameron**

a. STREET ADDRESS (If rural, give location) **5 mi S W of Cameron**

3. NAME OF DECEASED
a. (First) **Margaret** b. (Middle) _____ c. (Last) **McClure**

4. DATE OF DEATH (Month) (Day) (Year) **7 25 55**

5. SEX **7**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widow**

8. DATE OF BIRTH **June 8-1864**

9. AGE (In years last birthday) **91** **10. UNDER 1 YEAR** Months _____ Days _____ **11. UNDER 1 MRS.** Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **2**

11. BIRTHPLACE (City and State or Foreign Country) **Cassville Mo**

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

13a. FATHER'S NAME **John Henry Willis**

13b. MOTHER'S MAIDEN NAME **no record**

14. NAME OF HUSBAND OR WIFE **John W McClure**

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** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho pneumonia**

INTERVAL BETWEEN ONSET AND DEATH **3 days**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Senility**
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **none**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) _____

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 7-1-1954, to 7-28, 1955, that I last saw the deceased alive on 7-28, 1955, and that death occurred at 11 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **Cameron Mo**

23c. DATE SIGNED **7-29-55**

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

24b. DATE **7-31-55**

24c. NAME OF CEMETERY OR CREMATORY **Hughes Cem**

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

DATE REC'D BY LOCAL REG. **8-3-55** **REGISTRAR'S SIGNATURE** **Winifred W. Moser**

5. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** **ADDRESS** **Funeral Home**

Cameron Mo

No. 300
10-48

250

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 *Robert F. Poland*.....

Licensed Embalmer No. *422*.....

P. O. Address *222 W. Coma*.....

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.