

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32431**

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **0773** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY <b>Calloway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Calloway</b>		
b. CITY OR TOWN <b>Holt Summit</b>		c. LENGTH OF STAY (in this place) <b>9 yrs</b>	c. CITY OR TOWN <b>Holt Summit</b>		d. Is Residence within limits of a city or incorporated town? <b>Yes</b> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jr. Town</b>			e. STREET ADDRESS (If rural, give location) <b>8170</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Earl</b> b. (Middle) <b>Elmer</b> c. (Last) <b>McCleary</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 23-55</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>March 27-1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Days <b>6</b> Hours <b>26</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same as own</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pitcairn Penn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Elmer McCleary</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine</b>		14. NAME OF WIDOW OR WIFE <b>Ruth McCleary</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>161-09-6224</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Ruth McCleary</b> ADDRESS <b>Holt Summit</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>163X</b>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Melanoma to Spine Neck</b>		
19a. DATE OF OPERATION <b>8/16/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Tumor of Spine - melanoma from lung</b>			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 <b>8/9</b> , 19 <b>55</b> , to <b>10/8</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10/18</b> , 19 <b>55</b> , and that death occurred at <b>7:40 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Marshall W. Kelly M.D.</b>			23b. ADDRESS <b>Jefferson City</b>		23c. DATE SIGNED <b>10/28/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Oct 25-55</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>New Bloom Field</b>		24d. LOCATION (City, town, or county) (State) <b>New Bloomfield Mo</b>
DATE REC'D BY LOCAL REG. <b>Oct 28-55</b>		REGISTRAR'S SIGNATURE <b>LeRoy Clayton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Holt Clayton</b> ADDRESS <b>New Bloomfield Mo</b>	

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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..... *L. Roy Cleypool*  
Licensed Embalmer No. *44*  
P. O. Address *New Bloom*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.