

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35860

State File No.

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4017 Registrar's No. 78

0072

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

1. PLACE OF DEATH a. COUNTY <u>FITCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FITCHISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Port</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Port</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ALICE</u> c. (Last) <u>McCLURE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3-12-1872</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>BRECKINRIDGE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>MATHIAS McCLURE</u>	
13b. MOTHER'S MAIDEN NAME <u>TARSA MANN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Oscar Landon</u> ADDRESS <u>Rock Port</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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>Cerebral Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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>9-17</u> , 1955, to <u>11-23</u> , 1955, that I last saw the deceased alive on <u>11-23</u> , 1955, and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>		23b. ADDRESS <u>Rock Port Mo.</u>	
23c. DATE SIGNED <u>11-25-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSEHILL CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>BRECKINRIDGE MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin McShaw</u> ADDRESS <u>Rock Port Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Marvin McShaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Andy Burchett* _____

Licensed Embalmer No. 3173

P. O. Address Rock Pt. Me

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.