

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

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

**36098**

FILED NOV 25 1955

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>15 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Quilin</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 10 1955</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIE</b>		b. (Middle) <b>MAE</b>		c. (Last) <b>McCLURE</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 2 1900</b>	
9. AGE (In years) <b>55</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>8</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Greenville, Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Theodore Crain</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Marvin Odell McClure</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Marvin O. McClure</b>				ADDRESS <b>Quilin, Missouri</b>			
<b>MEDICAL CERTIFICATION</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular Accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant Hypertension</b>				Unknown	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>					
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:30 P.M.</b> _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <b>Marvin O. McClure, Jr.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>11-7-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 12 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Quilin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Quilin, Missouri</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>11/14/55 R. H. Mueller</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home</b> ADDRESS <b>Campbell, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 21 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell Tn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.