

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9639**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4269</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Corder Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Corder Mo</u>		d. STREET ADDRESS (If rural, give location) <u>05460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH OF CORDER SCHOOL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>CLAUD H. McClure</u>			a. (First) <u>CLAUD</u> b. (Middle) <u>H.</u> c. (Last) <u>McClure</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>APR. 23 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>10</u>		11. DAYS <u>18</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIVE STOCK DEALER - FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CAINSVILLE MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>JOHN WESLEY McCLURE</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WILKIS</u>	
14. NAME OF HUSBAND OR WIFE <u>ADDIE MAE McCLURE</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alberta Oberhelman, Kansas City</u>				ADDRESS			
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>Natural Cause of rapidly</u>							
ANTECEDENT CAUSES: <u>Coronary Occlusion</u> DUE TO (b) <u>this man was found dead in the log but was related to the above cause (a) stating the underlying cause last.</u>							
DUE TO (c) <u>chronic - Corder Mo</u>							
II. OTHER SIGNIFICANT CONDITIONS <u>Fractured hands, major tooth decay</u> Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Int surgery</u>				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 <u>after death</u> , 19 <u>On 3-11</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Martin, MD Coron</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>0 West Mo.</u>		23c. DATE SIGNED <u>3-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 14 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county), (State) <u>CORDER MISSOURI</u>	
DATE REC'D BY LOCAL REG <u>March 21-1956</u>		REGISTRAR'S SIGNATURE <u>Clayton W Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Lader, Higginsville, Mo.</u>			

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

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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
Student Embalmer

Signed Tom L Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo

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.