FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12488

BIRTH NO. 13098-56 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUCY LEE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield
d. STREET ADDRESS (If rural, give location): --

1030

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): WILLIAM
c. (Last): MC CLARD

4. DATE OF DEATH (Month) (Day) (Year): Mar. 20-56

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Mar. 20, 1956
9. AGE (In years last birthday): --
If under 1 year: Months -, Days -
If under 24 hrs.: Hours 6, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew Mc Clard
13b. MOTHER'S MAIDEN NAME: Evelyn Capps
14. NAME OF HUSBAND OR WIFE: ---

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Andrew Mc Clard, Bloomfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776X
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) m.
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* March 20, 1956, *to* March 20, 1956, *that I last saw the deceased alive on* March 20, 1956, *and that death occurred at* 10: P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A L May Jr M.D.
23b. ADDRESS: 330 North Second St. Poplar Bluff, Missouri
23c. DATE SIGNED: 4-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge cem.
24d. LOCATION (City, town, or county) (State): Stoddard Co. Missouri

DATE REC'D BY LOCAL REG.: 4/14/56
REGISTRAR'S SIGNATURE: B A Menetree By mr
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHILES UND. CO. BLOOMFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 16 1956
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 No Embalming.

Licensed Embalmer No.

P. O. Address

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

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