

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33063**

FILED OCT 16 1956

BIRTH NO.		REG. DIST. NO. <u>11</u>	PRIMARY REG. DIST. NO. <u>4023</u>	Registrar's No. <u>70</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Exeter</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Exeter</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0050</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>		b. (Middle) <u>WARREN</u>	c. (Last) <u>McCLURE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 27, 1869</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stockbuyer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Harvey McClure</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Warren</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Estelle McClure</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Herb Cagle-Exeter, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>5 yrs</u>
		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		<u>331X</u>	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) (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 <u>Jan 7, 1946</u> to <u>October 5, 1956</u> , that I last saw the deceased alive on <u>October 4, 1956</u> , and that death occurred at <u>7:52 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. J. Caswell M.D.</u>		23b. ADDRESS <u>Cassville Mo</u>	23c. DATE SIGNED <u>10/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Exeter, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-13-56</u>	REGISTRAR'S SIGNATURE <u>Mary McDonald dep</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul D. Hentrich</u> <u>Culver Funeral Home-Cassville, Mo.</u>		

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

10-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1056-175

DATE REC. 10-15-56

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 Paul D. Herbert

Licensed Embalmer No. 452

P. O. Address Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.