

FILED NOV 16 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40295**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE	c. LENGTH OF STAY (in this place) 13 yr	c. CITY OR TOWN CHAFFEE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 2		STREET ADDRESS (If rural, give location) RFD # 2 10010	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) MCLEMORE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1956		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH AUG 25-1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 2 Days 8	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) GREENVILLE KY		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME ROBERT MCLEMORE		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE GRACE MCLEMORE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) 491-36-3453		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Grace Mc Lemoire CHAFFEE MO			
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18. CAUSE OF DEATH Enter only one cause for 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myobiter Melliter INTERVAL BETWEEN ONSET AND DEATH 2 yrs + ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis Generalized 10yr +			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 260X	
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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?	
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22. I hereby certify that I attended the deceased from **May 7, 1956**, **May 31, 1956**, that I last saw the deceased alive on **Oct 29, 1956**, and that death occurred at **6:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE John Crowe		23b. ADDRESS Cap Grandon MO		23c. DATE SIGNED Nov 3, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-3-56		24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM. CHAFFEE		24d. LOCATION (City, town, or county) (State) MO.	
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DATE REC'D BY LOCAL REG. 11-7-56		REGISTRAR'S SIGNATURE Mrs Fred Buehler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STUBBS' FUNERAL HOME CHAFFEE MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 13 1961
RECEIVED 9961 ST 177

SOCIT CO. HEALTH L

CO. FILE No. 1156-234

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 Eugene L. Stables....., Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stables
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.