

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7884

STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau 0164</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cape Ostopathic 10yrs</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>919 So Sprigg St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Glen</u> Middle <u>Darcen</u> Last <u>McClard</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 19, 1913</u>	9. AGE (In years last birthday) <u>43yrs</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio & TV</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Technician</u>		11. BIRTHPLACE (City and state or country) <u>Neelyslanding Mo</u>	
13. FATHER'S NAME <u>Clarence McClard</u>			14. MOTHER'S MAIDEN NAME <u>Rosa Bell Wiseman</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>496-14-3559</u>		17. INFORMANT <u>Mary McClard Cape Girardeau Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Leptargic Encephalitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>5:50</u> Month <u>3</u> Day <u>16</u> Year <u>1957</u> a. m. <u>5:50</u> p. m.			20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau Mo</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>3/16/57</u> to <u>3/24/57</u> and last saw her/him alive on <u>3/24/57</u> Death occurred at <u>5:50</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. J. Newell D.O.</u>			22b. ADDRESS <u>285 Spanish Cape Girardeau Mo</u>		22c. DATE SIGNED <u>3/26/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cent</u>	23d. LOCATION (City, town, or county) (State) <u>Neelyslanding Mo</u>		
24. FUNERAL DIRECTOR <u>L. G. Kaman</u>		ADDRESS <u>Cape Girardeau Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-27-57</u>	26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	

(Licensed Embalmer's Statement on Reverse Side)

00-56
 Use only black ink or ribbon typewrite if possible.
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature.

APR

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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
Signature of Student Embalmer

Signed *L. L. H.*
Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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