

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 18098

State File No.

FILED MAY 31 1957

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Hayti, Missouri</u>		c. LENGTH OF STAY (in this place) <u>18 Days</u>		c. CITY OR TOWN <u>Caruthersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Mem. Hsp.</u>					
3. NAME OF DECEASED a. (First) <u>Joseph</u>				b. (Middle) <u>Howard</u>	
c. (Last) <u>McCleary</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1957</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH. <u>June 30, 1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 2 HRS. Days <u>0</u>	Hours <u>0</u>	Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SWI Industry</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joseph M. McCleary</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Long</u>	14. NAME OF HUSBAND OR WIFE <u>Jeannette Berryman</u> <u>Jeanette Beaman McCleary</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. <u>337-07-0303</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jeannette McCleary</u>	ADDRESS <u>308 W. 4th. St. C'ville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>udden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Artery Disease</u>		
	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	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) <u>4201</u>
--	--	--

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 June 1956, to May 6, 1957, that I last saw the deceased alive on May 6, 1957, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Cain</u>	(Degree or title)	23b. ADDRESS <u>Caruthersville Mo</u>	23c. DATE SIGNED <u>5-10-57</u>
-------------------------------------	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 8, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-10-57</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>	ADDRESS <u>Funeral Home C'ville. Mo.</u>
--	--	---	---

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

7-2-57 AA

No. 300
10-48

5-129-57

MAY 29 1957

1957 JUN 8 1957

PERMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

1957 JUN 4

1957 JUN 18

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 *W. Deaver Jike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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.