

FILED SEP 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27889**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5392</u>		Registrar's No. <u>741</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Watkins</u>		c. LENGTH OF STAY (in this place) <u>74 yrs</u>		c. CITY OR TOWN <u>Anutt</u>		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. So. Anutt</u>				e. STREET ADDRESS (If rural, give location) <u>2 Mi. So. Anutt</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sturgeon</u> c. (Last) <u>McClure</u>			4. DATE OF DEATH (Month) <u>aug</u> (Day) <u>24</u> (Year) <u>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>Aug 17 1883</u>		9. AGE (in years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>S. Brown McClure</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Sturgeon</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Hoon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John S McClure</u> ADDRESS <u>Anutt 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>general circulatory failure</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		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>Feb</u> , 19 <u>57</u> , to <u>8-24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>57</u> , and that death occurred at <u>5.45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. McClure</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Dent Mo.</u>		23c. DATE SIGNED <u>8-26-57</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Springs Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/29/57</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spenser</u> ADDRESS <u>Dent Mo</u>		

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

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MAR 13 1958

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.....
Carl H. Spitzer

Licensed Embalmer No. *237*

P. O. Address.....
Dalem

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.