

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41134  
STATE FILE NUMBER

FILED NOV 22 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1238 Lyon St.</u>	
Length of stay in 1b <u>3 wks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>John William McClure</u>			4. DATE OF DEATH Month <u>11</u> - Day <u>15</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>Feb. 4, 1872</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CB&amp;Q R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Phildalephia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. FATHER'S NAME <u>John W. McClure</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Jane Watkins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Mattie McClure</u> <u>Hannibal, 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>Echtholism Pulmonary</u> DUE TO (b) <u>Severe G.D. Bleeding</u> DUE TO (c) <u>epistaxis + respiratory obstruction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>578x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>3 wks</u> <u>2 weeks</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
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>Jan 57</u> to <u>11-15-57</u> and last saw <u>her</u> alive on <u>11-14-57</u> Death occurred at <u>12:05 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Hannibal Mo</u>	
22c. DATE SIGNED <u>11-15-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>11-16-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elwood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Elwood, Nebraska</u>		(State)	
24. FUNERAL DIRECTOR <u>Ralph Clark Funeral Home</u>		ADDRESS <u>Hannibal, Mo.</u>	
25. DATE RECD BY LOCAL REG. <u>11-16-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

Health, Welfare & Public Service  
300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED NOV 19 1957  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 19 1957

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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 .....



Licensed Embalmer No. ....421

P. O. Address Hannibal, 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.