

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45048**

FILED JAN 2 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 11

1. PLACE OF DEATH  
a. COUNTY Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Iowa b. COUNTY Polk

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Hudson Twp. c. LENGTH OF STAY (in this place) 7 years

c. CITY OR TOWN Des Moines d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium

STREET ADDRESS (If rural, give location) 660 West 32nd. St. 81408

3. NAME OF DECEASED  
a. (First) William b. (Middle) H. c. (Last) McClure

4. DATE OF DEATH (Month) (Day) (Year) December 9, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH August 11, 1869

9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mines

10b. KIND OF BUSINESS OR INDUSTRY Coal mining

11. BIRTHPLACE (City and State or Foreign Country) St Dodge, Iowa

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William H. McClure

13b. MOTHER'S MARDEN NAME Olive Merriell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. L.M. Dunlop DesMoines, Ia.

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) Medullary failure  
  
ANTECEDENT CAUSES  
DUE TO (b) Thrombotic Encephalomalcia  
DUE TO (c) Arteriosclerosis 332x  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated

INTERVAL BETWEEN ONSET AND DEATH  
Immediate  
  
sevsral Yrs  
  
" "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION With cerebral arteriosclerosis

20. AUTOPSY?  YES  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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 55 to Dec. 9, 1957, that I last saw the deceased alive on Dec. 9, 1957, and that death occurred at 4:50p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Edwin J. Bell, Jr. M.D.

23b. ADDRESS Macon, Missouri

23c. DATE SIGNED 12/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Dec. 10, 1957

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Fort Dodge, Iowa

DATE REC'D BY LOCAL REG. 12/22/57

REGISTRAR'S SIGNATURE Ruth McNeely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. J. Bran Macon, Mo

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

185

JAN 6 1958

Count. .... 1258.810  
Date Filed ..... 12/31/57

**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.....  
*R. L. Bran*

Licensed Embalmer No. 4472

P. O. Address *Mason, W.*

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.