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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029755
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 237 Primary Registration District No. 5820 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gideon — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home — Length of stay in 1b ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Gideon — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

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3. NAME OF DECEASED (Type or print) First ALEXANDER Middle HAMLIN Last McCLURE
4. DATE OF DEATH Month 8 Day 3 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-29-1862
9. AGE (In years last birthday) 95 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Grover Hill Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander J. McClure
13b. MOTHER'S MAIDEN NAME Rena Rumbaugh
14. NAME OF HUSBAND OR WIFE Grace McClure

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Grace McClure Address Gideon Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial D. Senile
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 1 58, to Aug 2 58 and last saw him alive on Aug 2/58
Death occurred at Aug 3, 1958 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD
22b. ADDRESS Gideon Mo
22c. DATE SIGNED 8-6-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-6-58
23c. NAME OF CEMETERY OR CREMATORY New Malden Cem
23d. LOCATION (City, town, or county) Malden (State) Mo.

24. FUNERAL DIRECTOR Floyd Russell Piggott Dir. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-14-58
26. REGISTRAR'S SIGNATURE Mrs F G Hopkins

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED AUG 18 1958
NEW MADRID CO. HEALTH CENTER

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.