

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044908

STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 440

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Hannibal</u> <u>0644</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hosp.</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>801 S. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Navarro A McClurg</u> | | | 4. DATE OF DEATH Month Day Year <u>Nov. 9. 1958</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-15-1881</u> |
| 9. AGE (In years last birthday) <u>77</u> | | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u> | 11. BIRTHPLACE (City and state or country) <u>Indiana</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>??</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Thompson</u> | | 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) <u>NO</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
| 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>Cerebral thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 <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 _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | | |
| 21. I attended the deceased from <u>10-26-58</u> to <u>11-9-58</u> and last saw her alive on <u>11-9-58</u> Death occurred at <u>2:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>M. J. Roller</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Hannibal, Missouri</u> | 22c. DATE SIGNED <u>11/11/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>11-11-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet C retery</u> | 23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Jack Belmont - Hannibal, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-2-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Dr. M. J. Roller by Ch. C. Fisher</u> |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED JAN 7 1959
MARION CO. HEALTH DEPT.
DATE FILED JAN 7 1959

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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 Jack Schwartz
Licensed Embalmer No. 14900
P. O. Address Hannibal

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.