

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
EILED VS OCT 5 1959

59-031406

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 72 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 4 months	c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1403 Truman Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle V Last McCLUEY	4. DATE OF DEATH Month Sept Day 29 Year 1959
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/8/1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Line Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Robert McCluey	13b. MOTHER'S MAIDEN NAME Sarah Harwell	14. NAME OF HUSBAND OR WIFE Sarah E. Reynolds
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Berlough McCluey, Lamar, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes- Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH Minutes
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 cause of death (State in Part I) Complained of chest pains for 3-4 days but did not consult a doctor. Son found him in a chair dead at 8:00 am. Dead 15-20 minutes when found.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Lamar, Missouri	COUNTY Barton	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **7:45** a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Marie Konantz</i> Local Registrar	22b. ADDRESS Lamar, Missouri	22c. DATE SIGNED Sept 29 '59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct 1 1959	23c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery	23d. LOCATION (City, town, or county) Liberal, Missouri
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24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. Sept 29th '59	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>
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BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.