URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-035555

FILED VS SEP 19 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. [redacted] 4346 Registrar's No. 47

NDED

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City — Length of stay in 1b 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print) First Artie Middle Mae Last McCloud

4. DATE OF DEATH Month Day Year September 13, 1960

5. SEX Female

6. COLOR OR RACE Colored

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-7-1883

9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Callaway County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Hipson

13b. MOTHER'S MAIDEN NAME Isabel Walker

14. NAME OF HUSBAND OR WIFE Eddie McCloud

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 Mary Lou Clark Montgomery City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocarial Decompensation	10 Days
DUE TO (b)	Chronic Arteric Sclerotic Heart	
DUE TO (c)	Disease with Hypertension	15 Yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemiplegia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 Aug 20 - 1960 to Sept. 1-1960 and last saw her alive on Sept. 1-1960
Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A H Van Ansdale DO

22b. ADDRESS Montgomery City, Mo

22c. DATE SIGNED 9-15-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 16, 1960

23c. NAME OF CEMETERY OR CREMATORY Danville Cemetery

23d. LOCATION (City, town, or county) (State) Danville, Missouri

24. FUNERAL DIRECTOR Schlanker Funeral Home — ADDRESS Montgomery City Missouri

25. DATE RECD. BY LOCAL REG. Sept 14-1960

26. REGISTRAR'S SIGNATURE Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ 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 co
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.