

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **7489**

FILED MAR 27 1957

Registration District No. **10** Primary Registration District No. **3002** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ladonia 6040 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AUDRAIN HOSPITAL Length of stay in lb 11 days		d. STREET (If outside, give location) ADDRESS 4 mls. S of Ladonia Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOSEPH JAMES McCLUGGAGE First Middle Last			4. DATE OF DEATH 3-18-1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 24, 1870	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MARION COUNTY, OHIO		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ANDREW McCLUGGAGE			14. MOTHER'S MAIDEN NAME ELIZABETH YOUNG		
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 HAROLD McCLUGGAGE Address LADONIA, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Carcinoma DUE TO (b) Cerebral Hemorrhage DUE TO (c) Advanced Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Two Weeks Many Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		

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, Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **3-10-57** to **3-18-57** and last saw ~~her~~ him alive on **3-18-57**
Death occurred at **9²⁵ P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Jones D.O.	22b. ADDRESS Ladonia, Mo	22c. DATE SIGNED 3-20-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-21-1957	23c. NAME OF CEMETERY OR CREMATORY LADONIA CEMETERY	23d. LOCATION (City, town, or county) (State) LADONIA, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS Wilbur Biershoff, Ladonia, Mo	25. DATE RECD. BY LOCAL REG. Mar 20 1957	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only steno-graphic instruments or typewriter. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

100-56

2490

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 *Clyde Wilber*

Licensed Embalmer No. *38*

P. O. Address *Perry*

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