

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018859

STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-ELDRIDGE-TS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>ENON</u> 0260
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar-Groove-Nur.Home-6495</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>ENON</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIZA-TILDA-McCLURE</u>			4. DATE OF DEATH Month Day Year <u>MAY-23-1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>16 Feb 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>75</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ENON-Cole-Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANTONE-EITEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-STARGESS</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK-McCLURE</u>
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. <u>NONE</u>	17. INFORMANT <u>Solder-White</u> Address <u>KANSAS-City-Mo</u>
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>Coronary Thrombosis</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u> <u>5 Min.</u>
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.) <u>NONE</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>NONE</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>	
21. I attended the deceased from <u>May 22, 1958</u> to <u>May 22, 1958</u> and last saw her alive on <u>May 22, 1958</u> Death occurred at <u>12:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>2</u> D.O.		22b. ADDRESS <u>Lebanon-Mo</u>	
22c. DATE SIGNED <u>23 MAY-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>25 MAY-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>High-Point</u>		23d. LOCATION (City, town, or county) (State) <u>High-Point-Mo</u>	
24. FUNERAL DIRECTOR <u>Keith McKay</u> ADDRESS <u>ELDON-Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-23-1958</u>	
24. FUNERAL DIRECTOR		26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 9 1958

Received MAY 26 1958

Laclede County Health Unit

File No. 85

Date Filed MAY 26 1958

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 Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon Mo.

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.